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The Idea Book

Sharing Nutrition Education Experiences



Prepared by:
Nutrition and Technical Services Division for
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Introduction

Teaching the WIC participant to care for her nutritional well-being and that of her family is an enormously difficult, yet fulfilling challenge. This book is an attempt to help you respond to that challenge.

This book is a way to share ideas and approaches from around the country. These approaches come from and are meant to be shared with *you*, the local WIC nutritionists. This book is a way to achieve this exchange on a national scale.

Several of the more formidable tasks that you encounter have been highlighted here. This book makes no attempt to address all issues pertinent to the delivery of nutrition education, nor does it exhaustively cover any one issue, nor is it a policy document on nutrition education. It is simply a way of exchanging some approaches and ideas that can become the seeds of future improvements. Indeed, as better materials and approaches are developed, we will try to keep you informed of changes and also keep everyone current on latest theories and techniques. If you would like to contribute to this exchange, send your ideas, techniques, and methods to your State WIC nutritionist.

We chose examples and illustrations using simple criteria. The methods showcased in this book were either some of the most creative, or they represented a method or approach in common use throughout the country. To the extent possible, we tried to remain sensitive to geographic distribution.

How to Use This Idea Book

To use this book most efficiently, you should first understand how it is written and organized. It is written to share information and exchange ideas about certain pieces of the nutrition education puzzle. It is not intended to be an instructional manual that takes the reader through a step-by-step analysis of how to plan, deliver, and evaluate nutrition education.

This book focuses on various kinds of issues. Consequently it contains sections of marked contrast. For instance, the chapter on evaluation is highly philosophical, while the chapter on obstacles exclusively presents what is currently being attempted in the field.

Some of the examples are adapted, while others are shared without any modification. Should you want to change any of the illustrative examples to meet your local needs, we would encourage you to adapt them in appropriate ways.

Finally, you should note that this book is meant for you, the local WIC nutritionist. However, we also anticipate that this book will be of assistance to you in training paraprofessionals.





CONTENT:

What Should I Consider When Planning a Nutrition Education Program?

4 Understanding the Health Needs of Your Community

4 Ideas for Nutrition Education Topics

- 4 For Pregnant Women
- 5 For Mothers of Infants and Children
- 5 For Children
- 6 General

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- 6 Brainstorming and the Delbecq Method

When planning the nutrition education program for your WIC participants, you must consider topics that are required in the Federal regulations, as well as topics not required. You can locate the regulations for the nutrition education component of the WIC Program in the Federal Register. Remember that all three types of nutrition education contacts mentioned in the regulations must be designed to meet the different cultural and language needs of the program participants. This chapter gives examples of some topics that are being used in a number of States, and presents ideas on how to develop and incorporate additional topics that complement those described in the Federal regulations.

Understanding the Health Needs of Your Community

When you are attempting to tailor your nutrition education program to your local needs, you need to gather two kinds of information: information on the major nutritional problems of the local WIC participants, and information from participants and other health and community professionals. You can receive this information on relevant health status from a sample survey of clinic or hospital charts or records. If your WIC Program is participating in the nutritional surveillance study being conducted by the Center for Disease Control (CDC) of the U.S. Department of Health and Human Services, their statistics can also be helpful. Other sources of local information can come from surveys conducted by other agencies in your community such as the Expanded Food and Nutrition Education Program (EFNEP), and from vital and health statistics of the county. You can obtain county information from the official sources that are listed in your telephone directory. The policy for reviewing medical records varies from hospital to hospital. To determine whether you can review medical records, contact the legal section within the medical record department of your hospital. This section will clarify what outside research, if any, they permit. They may also be able to tell you about the official procedures required to gain access to the records.

Ideas for Nutrition Education Topics

Most State plans include lists of topics for nutrition education. The following is a partial list of these topics arranged by target group.

For Pregnant Women

WIC foods as sources of energy and nutrients during pregnancy.
Risk factors for poor pregnancy outcome.
Factors that limit or prevent adequate nutrition during pregnancy (pica).
Adequate weight gain during pregnancy.
Reasons for increased energy and nutrient needs during pregnancy.
Methods of reducing the risks of complications of pregnancy (anemia, toxemia, prematurity, diabetes mellitus, hypertension).
Common gastrointestinal problems (nausea, vomiting, and constipation).
Reasons for completing hemoglobin and hematocrit tests during pregnancy.
Preparing for breastfeeding.
Advantages of breastfeeding.

Breastmilk (composition, benefits).
WIC foods as sources of energy and nutrients during lactation.
Appropriate diet when breastfeeding.
Care of nipples and breast massage.
Expression of breast milk.
Potential barriers to breastfeeding.
Hazardous substances that may pass into breastmilk.
Preparing infant formula.

For Mothers of Infants and Children

Risk factors associated with inadequate growth and development.
Breastfeeding.
Infant formula.
Plotting and interpreting an infant's or child's length and weight on a growth chart.
Relationship of the developmental stages of infants to infant feeding behaviors.
WIC foods as sources of energy and nutrients.
Key nutrients in foods and their function during early growth and development.
Introduction of solid foods.
Nursing bottle syndrome.
Food jags and small appetites.
Snacking.
Learning problems affecting food intake and food practices.
Relationship between physical activity and weight control.
Eating problems during infancy and childhood leading to obesity.
Relationship of early feeding habits to the development of adult eating habits.
Relationship between food and dental health.
Effect of TV commercials on eating and shopping behaviors.
Vitamin and mineral supplementation.
Learning through foods (includes building self-concept and developing feeding skills).
Nutrition and infection—building your child's resistance.
Special dietary needs for developmental disabilities and handicapping conditions.
Long-term nutrient/caloric needs of infants and preschoolers.

For Children

Nutrition in relation to:

- dental health
- growth and development
- obesity
- diet-related disease
- snacking
- physical activity
- food preparation
- food activities

General

Comparative shopping for foods.
Meal planning.
Nutrition labeling.
Food additives.
Recipes for WIC foods.
Safe food handling and storage.
High nutrient density foods vs. low nutrient density foods.
Specific nutrient/caloric needs of individual participants.
Foods that are high-cost nutrient sources vs. lower-cost nutrient sources.

Two Methods for Developing Additional Topics

State and local programs use various methods to develop topics that complement the minimum requirements outlined in the regulations. Below are two methods that local programs use to develop additional topics and to order them according to priority.

Brainstorming and the Delbecq Method

You can use both brainstorming and the Delbecq method to generate additional, often novel, topics. You can use these methods in ways that involve the participants and other health and community professionals. For each of these processes, make sure that all participants perceive the assignments in the same way. While most of us have encountered brainstorming in an informal or formal setting, the less widely known Delbecq technique deserves a more detailed explanation.

Both methods can be effective in a variety of settings and for different purposes. For instance, brainstorming can be used among health professionals to generate ideas on how to better document the nutrition education contact or on how to deliver the message. It can just as easily be used to produce additional ideas for topics.

Brainstorming

Brainstorming, done correctly, very quickly produces a great number of ideas. Start by gathering a willing group of people. A leader will explain the problem and the ground rules of brainstorming. One or several people are selected to record the ideas—either on paper or on a blackboard. The leader gives the group the signal to start and joins the group. Without hesitation or inhibition, members of the group speak their ideas as quickly as each person thinks of them.

Effective brainstorming depends on the brainstorming DOVE. Adhere to these essential elements:

D—Defer judgment.

Express all your ideas. Do not prejudge yourself.

O—Be offbeat.

Many creative ideas often sound silly at first. You may feel awkward sharing these unusual ideas, but many times they blossom into something important.

V—Find a vast number of ideas.

Quantity, not quality, is the goal of brainstorming.

E—Be expansive.

Expand on the ideas of others. Piggyback on their suggestions. Use them as a springboard. This is only possible if you establish a dialogue among all participants in the group.

The Delbecq
Method

The Delbecq method, sometimes called the nominal group process, is an orderly way to gather ideas from a group. Like brainstorming, this process can be used to generate new ideas for educational sessions for participants. And, it also provides a mechanism for selecting the most appropriate one or ones.

The Delbecq method helps to ensure that everyone participates equally. Your group may be dominated by one or several members who are the loudest, talk the fastest, or have the most authority. By following these steps, you can ensure that all voices will be heard equally.

To start the process you'll need to gather a group of people and decide on a leader. Each group member has 10 to 15 minutes to write down a certain number of ideas. The leader then asks each member to state one item from their list. The item is written on a blackboard or flipchart without comment from the group.

Once all items are on the board, you have generated ideas but in a different manner than in brainstorming. Now the Delbecq method continues beyond the point where brainstorming stops, and selects the best idea(s).

Allow 15 to 20 minutes to discuss each item in turn. Participants then choose a set number of topics that are most important to them. They then order these from the most to least important. Members then record the rankings on a tally sheet. The leader tallies the votes and offers the results to the group.

2

FORMATS: How Can I Best Structure Nutrition Education Through Lesson Plans?

- 10 General Principles
- 10 Examples of Lesson Plans
- 17 Writing Behavioral Objectives
- 18 Conclusion

General Principles

The lesson plan is a working document that helps you to organize, order, and approach all the tasks involved in teaching. Its design should be simple to allow all those who use it to receive essential information at a glance. A lesson plan should be modifiable, relevant to clients' needs and environment, planned for marginal rather than radical changes, and planned with time constraints in mind. The lesson plan should describe the goal. It should also describe the educational activities, and how and how well they are implemented. This rational sequence of steps characterizes a "means-ends" model. A good lesson plan enhances orderly and careful thinking and makes it easier for you to evaluate efforts.

To illustrate the current thinking in the construction of lesson plans, this chapter presents several representative formats from various States and discusses some of their features. As new terms surface in each lesson plan they are defined. The lesson plan formats are ordered according to their degrees of complexity. The simplest formats are presented first and the most complex last.

Examples of Lesson Plans

Lesson Plan 1

Lesson plan 1 proceeds from a general identification of the problem to concrete steps in meeting stated behavioral objectives. The categories of content, method, and materials are consolidated into an entry called "Learning Activities." The "Evaluation" entry describes informal feedback. Although the terms used in lesson plans are familiar to most nutrition education providers, they may mean different things to different people. To insure that all the terms mean the same thing to everyone who reads them, they are defined as follows:

Definition of Terms

Target

Identifies the participant to whom the lesson plan is directed. This may or may not be the person actually receiving the instruction. The use of a target helps the nutrition educator maintain focus and avoid digression.

Example: Target—child (the instruction receiver may actually be the parent or caretaker.)

Goal

A broad statement based on an identified need that states the subject of the lesson plan.

Example: To decrease the prevalence of anemia.

The following construction describes a basic design for writing a goal.

To / action verb / condition, attitude, or behavior to be changed.

Example: To / increase / calcium intake.

Example: To / heighten / awareness of the benefits of preparing food by steaming it.

If the target group is not already independently identified on the lesson plan, or if the target is not the person actually receiving instruction, the goal statement should identify who will be receiving the instruction.

Example: Target: 5- to 12-month-old infant.

Goal: To increase the correct selection by a **parent or caregiver** of iron-fortified cereal at the grocery store.

Example: No target group is identified.

Goal: To increase awareness of newly certified participants of the Family Service Center and EFNEP in our town.

Objectives

Specific aims that include built-in, **nonbehavioral** criteria that can be measured. The following construction demonstrates a basic design for writing objectives.

To / action verb / desired result or outcome / target group / time frame or completion date.

Example: To / increase / breastfeeding by 50 percent / in WIC mothers / by 1982 as compared with WIC mothers in 1979.

Lesson Plan 1

(Adapted from Missouri WIC)

Target: *Pregnant female*

Goal: *To increase the number of breastfeeding participants*

Objective: *By 1982, 50 percent more WIC participants will breastfeed than were breastfeeding in 1978.*

Behavioral Objectives	Learning Activities (content, method, materials)	Evaluation
1. Participant will list 5 nutritional benefits of breastfeeding after seeing a movie and discussing a flip chart.	Movie title Flip chart Keyed to the major points of the movie.	Conversation with nutritionist to assess comprehension of how breastfeeding is superior to bottle feeding.
2. Participant will list two other benefits that only breastfeeding can give an infant.		Document in the medical record or certification file.

Behavioral Objectives

The aims of instruction that require **observable performance** or **behavior** as the test for determining that learning has occurred. The following construction demonstrates a basic design for writing behavioral objectives.

Person to be instructed / action verb that describes specific and easily recognizable behavior / direct object of the verb expressed in a specific quantity / time frame.

Example: To / list / three foods in the dairy group / after the second visit.

Example: Participant will / identify / four dietary practices that may harm fetal development / after seeing the movie (name) on recommended and nonrecommended dietary practices during pregnancy.

In each case, the results should be specific, tangible, recognizable, and easy to count. In each case, the performance or behavior required at the end of instruction should be limited by a specific time deadline. Imposing these ground rules will give you continual and definite feedback about just how much each participant is learning. Constant feedback will tell you whether to provide more review or to try another approach. Behavioral objectives play a crucial role in the teaching process because they enhance dynamic interchange between the learner and the teacher and because they help both parties focus on the weak spots.

Learning Activity

The means by which behavioral objectives are achieved.

Content

The actual substance of learning material to master.

Methods

The process or strategy for selecting resources most appropriate for the specific needs of participants and the sequence or order for their presentation.

Materials

The actual resources used for teaching participants.

Evaluation

The process of appraising learning performance or outcome in relation to the stated behavioral objectives, or goals.

Lesson Plan 2

(Adapted from the Food and Nutrition Service Southwest Regional Office)

Target: Parent or Caregiver

Goal: To increase the awareness of and promote the optimal use of inexpensive forms of vegetable protein

Behavioral Objectives: To list favorite vegetables in the legume class on a worksheet

To list favorite cereals on a worksheet

To rephrase the definition of complementary vegetable protein on a worksheet

To produce combination of complementary protein from the developed lists

Time: 20-30 minutes

Staff Member: Ann Nutritionist Jones (ANJ)

Content	Methods	Materials
1. Introduction good protein quality, low price with comple- mentary vegetable protein.	1. Pass out factsheets.	1. factsheet
2. Body Definition of comple- mentary vegetable protein. Identification of two major classes of vegetables containing complementary amino acids.	2. Read intro. to gain interest. 3. Follow body of factsheet and answer questions 4. Summarize by emphasizing quality in the legume group. 5. Pass out worksheets.	2. worksheet
3. Evaluation Check the vegetable protein combinations developed.	6. Score written participant combination in oral discussion if time permits.	

Lesson Plan 2

This lesson plan adds two additional headings: "Time" and "Staff member."

Definition of Terms

Time

The time category notes the length of time a staff member interacts with recipients. This represents a conscious effort to document and thereby justify the specific contribution of every staff member in terms of a measureable quantity—minutes. Time notation contributes information for cost/benefit analyses.

Staff Member

Under "Staff Member," you will find a description of the nutrition education provider. This entry serves to increase accountability in education efforts. Staff member notation contributes information for cost/benefit analyses.

Lesson Plan 3

The expanded format of this lesson plan reflects greater emphasis on the importance of evaluation. The result of an evaluation can convey information about a program to the general public.

Lesson Plan 3

(Adapted from Oregon WIC)

Goal: To increase the correct selection by parent or caregiver of iron fortified cereal at the grocery store

Target: 5 to 12 month old infant

Staff Member: Helen Paraprofessional Smith

Behavioral Objective	Materials	Suggested Time for Completion	Evaluation (Nutritionist's Observations)
			Identify weak and strong areas. Date comments.
1. Parent or caretaker will name two benefits of iron in infant cereals	Single concept flip chart presentation on iron and infant's need for iron	15 min.	Caretaker Johnson listed - helps produce energy - helps build blood. 7/19/80 (HPS)
2. Parent or caretaker will identify two different brands of acceptable cereal from a selection of six empty boxes	Empty cereal boxes from the local vendor Flip chart # 1. presentation on labels and what to look for	10 min.	Caretaker Johnson mistook a whole grain nutritional claim for a fortification claim. I had time to emphasize that he should look for the nutrient content panel. He should be retested at next visit 7/19/80 (HPS)

Lesson Plan 4

This lesson plan presents a problem statement, adds a heading for documentation and consolidates the "Staff Member" heading with "Materials" under a new heading called "Resources."

Definition of Terms

Problem

The concrete and documented identification of a need that justifies consequent remedial action. The following construction describes a basic design for writing a problem.

Gerund form of an action verb / reference to a specific survey, test, report / exact identification and number of the target population / numerical description of the problem.

Example: Auditing / the Red Cross mobile unit hematological values / we find that 60 percent of participating pregnant females / demonstrated serum folic acid values below 5 ng/ml (normal = 6.1 ng/ml).

Example: Scoring / the answers of the State WIC nutrition knowledge test / we find that 40 out of the 50 newest participants scored below 65 percent.

Documentation

Techniques used to organize and store, in a specific location such as the certification folder, all the services and contacts that the participant receives.

Lesson Plan 4

(Adapted from North Carolina WIC)

Problem: Through an audit of medical records of child participants, investigators found that 75 percent of the children who had low hematoxrite at their previous certification, still had low hematoxrite at their most recent certification visit.

Target: Children

Knowledge or Attitudinal Needs	Behavioral Objectives	Activities/ Method	Resources	Evaluation	Documentation
What foods are rich in iron?	Parent or caretaker will be able to name at least three iron foods and Parent or caretaker will be able to explain at least six different ways of preparing the three above.	Using list of iron-rich foods, suggestions for daily use of foods will be given.	Materials: list of iron-rich foods. Staff nutritionist	Iron foods in diet as shown on diet records.	Activities and evaluation recorded in participant's certification records.

Lesson Plan 5

The expanded format of lesson plan 5 emphasizes the importance of documentation. Specific notation of time, methods, and human resources allows you to use this format in two ways. You can use it to guide the sequence of instruction or as a document. For both uses, you should store this sheet and future continuation sheets where they can easily be found.

Lesson Plan 5

(Adapted from West Virginia WIC)

Target: newly certified participants

Problem: Reviewing the outreach section of the participant's background information form, it was found that 80 percent of the newest participants were unaware of other existing services.

Goal: To increase awareness of the family Services Center and EFNEP in our town.

Behavioral Objectives	Learning Activities	Materials	Staff Member's Initials	Min.	Type of Contact			Type of Counseling		Evaluation Identify weak and strong areas. Date/Comment (Nutritionist's Observations)
					Basic	Secondary	High Risk	Group	Individual	
1. Participant will name two social services in town.	Slide presentation	slide	HPS	10						All (Fernandez, Lacy, Mason, Du Vi Minh) know locations of EFNEP and FSC. Fernandez explained bus routes for each. EFNEP awareness strong and positive for all. Mason and Du Vi Minh demonstrate resistance to FSC. 2/10/80 (CKB)
2. Participant will name two functions of EFNEP	Group discussion to describe transportation to sites	small group discussion		15						
3. Participant will name two functions of the Family Services Center	Question period									
4. Participant will name the location of EFNEP and the FSC.										

Writing Behavioral Objectives

Recently, nutrition educators have focused on writing successful behavioral objectives and incorporating action verbs that demonstrate that learning has occurred. Certainly, correct construction of behavioral objectives is essential to any lesson plan.

All action verbs are not created equal. You should try to avoid exclusive reliance on verbs such as: listing, identifying, comparing, contrasting, labeling, saying, reciting, quoting, distinguishing, and telling. These verbs require the least amount of intellectual skill. Continual tasks in this area can bore the learner.

A second reason to avoid exclusive use of these verbs is the current thinking of education researchers that such tiny islands of isolated information contribute very little to changing dietary attitudes and behavior. Unless nutrition learning can be integrated into a larger network of comprehension that, in turn, relates to the recipients' own frame of reference, effecting changes in attitude is extremely difficult. To absorb small bits of knowledge the participant must achieve some objectives that require higher intellectual skill. Behavioral objectives incorporating tasks in application give the learner this opportunity. For example, once he or she knows that calcium is important for fetal development and that its most absorbable form occurs in dairy products, he or she should practice applying that knowledge in **adapting** a menu or **constructing** a grocery list.

The verbs associated with the application of this higher intellectual skill are: adapt, arrange, assess, build, compute, construct, create, formulate, project, recommend, and use. Mastering objectives on this level can reward the participant with a sense of self-satisfaction because bits of acquired knowledge have actually been successfully applied to a greater and more realistic problem.

Contemporary psychologists assert that the greatest rewards of education occur on this higher level of learning, the level of problem solving. Successful problem solving gives the learner a sense of pride, self-confidence, power, and independence. These psychological states of mind strongly affect motivation to continue learning to change attitudes and ultimately, to modify behavior. For these reasons, consider not only the basic construction of behavioral objectives, but the depth of learning they require as well. Examples of action verbs to use in behavioral objectives of this highest level of learning are: deduce, defend, evaluate, explain, generalize, interpret, judge, and recommend.

Example: Your best friend, who is also pregnant, tells you that she doesn't like milk. Recommend three substitute food items to her and defend your recommendation of each.

To solve this problem, the recipient must understand the contributions that milk makes to a developing fetus, and she must know other food sources of these same nutrients.

Example: Your best friend, who is also pregnant, complains to you that she finds it very hard to get her housework done and wishes that she had more energy. Suggest a nutritional cause of her fatigue and recommend two items for her to eat.

To solve this problem, the recipient must be able to identify a major symptom of iron deficiency anemia and know food sources containing relatively high amounts of iron.

Conclusion

These five lesson plans have been arranged in order of increasing complexity of planning and information retrieval. Over time, lesson plans have grown more complex due to: 1) increasing sophistication in applying education theory to nutrition, and 2) a growing recognition of the importance of accountability. Since educators have become more accountable for their actions, they are finding more and more that they must include evaluation and documentation in their lesson plans.

You should not sacrifice clarity of presentation to these increases in complexity. Consider only those innovations that might be tailored to your own particular needs and that promise to maximize the effectiveness of each of your lesson plans.

3

MATERIALS: What Should I Consider When Selecting Nutrition Education Materials?

20 Locating Materials

- 20 Local, State, and Federal Government
- 20 Professional Associations
- 21 Special Interest Organizations
- 21 Educational Institutions and Libraries
- 21 National Voluntary Health Organizations
- 21 Public Interest Groups
- 21 Nonprofit and Trade Organizations
- 21 Commercial Companies

21 Evaluating and Selecting Materials

- 22 Written Materials
- 28 Audiovisuals

29 Developing and Adapting Materials

- 29 General Guidelines
- 31 Making Materials Responsive to Special Groups

Nutrition education materials may be used in your program to introduce nutrition concepts or to reinforce information presented by other methods. To select those instructional aids that are best suited to your WIC audiences with their specific educational goals, you should adopt a systematic approach. This chapter illustrates ways you can do this.

In some cases, there may be a lack of appropriate materials for certain groups of WIC participants such as migrant farm workers or various ethnic groups. Consequently, you may need to adapt existing pamphlets, flip charts, posters, and other materials.

Locating Materials

Suggestions for where you might locate nutrition education materials are listed below. For the address and description of sources identified by an asterisk (*), refer to Chapter 9.

Local, State, and Federal Government

Programs that provide nutrition education to participants:

1. U.S. Department of Agriculture, Food and Nutrition Service

*Special Supplemental Food Program for Women, Infants,
and Children (WIC)

Child Care Food Program

School Lunch Program

Nutrition Education and Training Program

Food Stamp Program

Commodity Supplemental Food Program

Food Distribution Program for Indians

*Food and Nutrition Information Center (FNIC)

2. U.S. Department of Health and Human Services

Maternal and Infant Care Projects

Maternal and Child Health Projects

Head Start Program

3. Other State and local government health and social services

Professional Associations

The American Dietetic Association

The American Medical Association

The American Dental Association

The American Public Health Association

The American Home Economics Association

Special Interest Organizations

*Society for Nutrition Education
La Leche League—local office

Educational Institutions and Libraries

Colleges and universities

National Voluntary Health Organizations (and State and local affiliates)

American Heart Association
American Diabetes Association
March of Dimes

Public Interest Groups

The Children's Foundation
Center for Science in the Public Interest

Nonprofit and Trade Organizations

(Such as The Nutrition Foundation*, Florida Citrus Commission, Cereal Institute, National Dairy Council, United Fresh Fruit and Vegetable Association, National Livestock and Meat Board, Egg Board, the Nutrition Today Society)

Commercial Companies

(Such as food companies, film companies, and supermarket chains)

Evaluating and Selecting Materials

After you locate materials, the next step is for you to evaluate them for their suitability to your program. Questions that you should ask yourself and other professionals when reviewing and evaluating instructional aids are: What is the **purpose** of the materials? Are they **consistent** with our local and State nutrition education plans and WIC Program regulations? Who is the **intended audience**? Is there excessive promotion of a commercial product or other **bias**? What is the **cost** of the material? Are **alternative materials** available? Is the nutrition information presented **scientifically valid**? Establish a panel of professionals qualified to make this judgment on scientific reliability or rely on a review in reputable journals such as the **Journal of the American Dietetic Association** and the **Journal of Nutrition Education**.

Written Materials

Written materials are frequently used in educational programs as instructional aids. They are popular among educators because they can reach large audiences with information at a relatively low cost. Their use may meet with only limited success, however, unless the printed material has characteristics well suited to its audience and purpose. A systematic and standardized approach to assess printed materials can help you select nutrition handouts that will be effective with different groups of WIC participants. The following chart identifies how characteristics of printed materials influence the learning process.

Relationship between the Characteristics of Printed Materials and Factors Involved in the Learning Process

Source: Excerpt of a chart from Anderson, M.L.F., Olson, C.M. and Rhodes, K., "Development and Pilot Testing of a Tool for Evaluating Printed Materials," *Journal of Nutrition Education* 12:51, 1980.

Characteristics	Learning Factors						
	Motivation & Attention Maintenance	Attention Direction	Accessibility	Comprehension	Readability	Retention	
Readability							
Avoidance of technical language				•	•		
Use of noncircular definitions				•	•		
Hyphens not used					•		
Positive writing style	•				•		
Use of an active voice	•				•		
Suitable reading level	•			•	•	•	
Stereotyping							
Positive role models of women	•	•					
Appropriate minority representation	•	•					
Different lifestyles presented in a positive way	•	•					
Format							
Paper quality	•				•		
Size and style of print					•		
Length of paragraphs	•				•		
Placement and readability of tables and graphs				•	•		
Use of illustrations	•	•		•			
General format	•						
Content							
Accurate content				•			
Organization of content				•			
Summaries and reviews				•		•	
Material reflective of needs and interests of readers	•						
Use of real life situations	•						
Subject matter presented in a fair, objective manner	•			•			

Note from the preceding chart that a printed material is

	More Readable,	Motivating,	and	Easily Understood,
if it:	<ul style="list-style-type: none">• uses an active voice• uses a positive writing style (Do vs. Don't)	<ul style="list-style-type: none">• has positive role models for participants• is sensitive to the needs and interests of readers• presents different lifestyles in a positive way• uses real-life situations		<ul style="list-style-type: none">• has illustrations and/or graphs• avoids technical language• is at a suitable reading level• is well organized

You can use the preceding criteria to help you develop your own method to objectively select printed materials for your program. Or you might want to use or adapt existing evaluation instruments that are based on this or similar criteria. For instance, Cornell University developed an evaluation instrument using this criteria to assess nutrition education materials targeted for pregnant teenagers. A portion of this instrument follows. This example illustrates how you can assess the readability of an item by using rating factors pertaining to readability such as the use of active voice, positive writing style, and appropriate reading level. Cornell's instrument also includes a summary sheet on which to transfer ratings, so that the relative strengths and weaknesses of a nutrition handout can be quickly determined. Part I of this summary sheet pertains to readability of materials.

Cornell's instrument additionally includes an index that educators can use to make fairly accurate and quick determinations of the reading (grade) level of a material for an audience (assuming you know the approximate reading level of the audience). It is a particularly useful tool since educators frequently underestimate the difficulty of printed materials. Developers of Cornell's evaluation instrument assessed an adequate reading level of a nutrition handout for a pregnant teenager to be at the sixth or seventh grade level, with superior ratings for materials at lower grade levels and poor ratings for those at higher grade levels. These operational definitions for the ratings of poor, adequate, and superior make the evaluation instrument more objective.

Part I

EXCERPT FROM AN EVALUATION TOOL FOR WRITTEN MATERIALS

(Developed at Cornell University, Division of Nutritional Sciences, 1979)

NAME OF MATERIAL _____
 SOURCE ORGANIZATION _____ PAGES _____
 AUTHOR _____ COST _____

DIRECTIONS: Evaluate the material using the guidelines below, placing a check mark next to the description that most appropriately applies in each category.

NOTE: The nonapplicable category should be used when the other ratings can not be fairly applied. For example, a two-page flyer should not be penalized for not having a summary.

READABILITY: Choose two pages from the main body of the text, and rate for each readability factor on the basis of these two pages, unless otherwise instructed.

1a. Avoidance of overtechnical language

____ Superior: an average of two or fewer technical terms are used per page
 ____ Adequate: an average of three technical terms are used per page
 ____ Poor: an average of four or more technical terms are used per page
 ____ Nonapplicable

1b. Technical words, if used, are explained

____ Superior: definitions provided for two or more of the technical terms found in the material
 ____ Adequate: definition is provided for one of the technical words found in the material
 ____ Poor: no definitions provided for technical words found in the material
 ____ Nonapplicable

1c. Hyphens

____ Superior: no hyphens used in materials
 ____ Adequate: average of two or fewer hyphens per page
 ____ Poor: average of three or more hyphens per page
 ____ Nonapplicable

1d. Writing Style

____ Superior: material is light, giving reader a sense of active involvement with the material; written in a positive style; an average of one or no instances of negative wording (e.g., "don't eat...") per page
 ____ Adequate: material is easy to read, but does not personally involve the reader; average of two instances of negative wording per page
 ____ Poor: academic style or other style that would turn teens away is used; average of three or more instances of negative wording per page
 ____ Nonapplicable

1e. Active Voice

____ Superior: an active voice (e.g., "you need...you eat") rather than a passive voice (e.g., "can be influenced...has been shown") is used at least 75 percent of the time
 ____ Adequate: an active voice is used from 50 to 74 percent of the time
 ____ Poor: an active voice is used less than 50 percent of the time
 ____ Nonapplicable

1f. Suitability of Reading Level (see Fry graph, which follows)

____ Superior: reading level of material is fifth grade or lower
 ____ Adequate: reading level is sixth or seventh grade
 ____ Poor: reading level is eighth grade or higher
 ____ Nonapplicable

1g. Reading Level is _____.

RATING SUMMARY SHEET

DIRECTIONS: Darken boxes appropriate for rating each topic (P=poor; A=adequate; S=superior), leaving blanks for nonapplicable categories. After the ratings have been transferred to this form, it may be used to quickly assess relative strengths and weaknesses of materials.

- 1a. Avoidance of overtechnical language
- b. Noncircular definitions of technical words
- c. Hyphens not used
- d. Writing style
- e. Active voice
- f. Suitability of reading level

RATINGS			
P	A	S	
			1a.
			b.
			c.
			d.
			e.
			f.

Reading Level Index (The Fry Graph)*

How to Use the Fry Graph to Determine the Reading Level of a Material

NOTE: You may need to modify the recommended number of words and sentences to use this index to accommodate printed materials of short length.

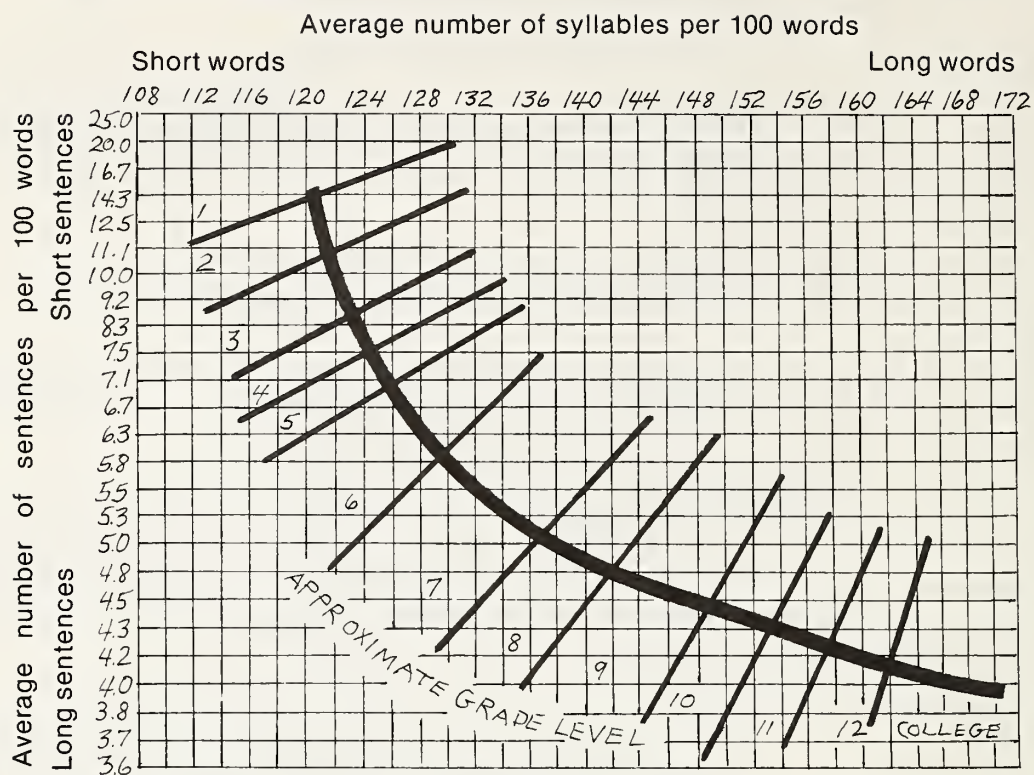
1. Select three 100-word passages from near the beginning, middle, and end of the material. Skip all proper nouns.
2. Count the total number of sentences in each 100-word passage (estimating to the nearest tenth of a sentence). Average these three numbers (add together and divide by three).
3. Count the total number of syllables in each hundred-word sample. There is a syllable for each vowel sound; for example: cat (1), blackbird (2), continental (4). It is convenient to count every syllable over one in each word and add 100. Average the total number of syllables for the three samples.
4. Plot on the graph the average number of sentences per 100 words and the average number of syllables per 100 words. Most plot points fall near the heavy curved line. Perpendicular lines mark off approximate grade level areas.

Example	Sentences per 100 Words	Syllables per 100 Words
100-word sample	9.1	122
100-word sample	8.5	140
100-word sample	<u>7.0</u>	<u>129</u>
AVERAGE	<u>3)24.6</u>	<u>3)391</u>
	8.2	130

5. Plotting these averages on the graph, we find they fall in the fifth grade area: hence, the material is about fifth grade difficulty level. If great variability is encountered either in sentence length or in the syllable count for the three selections, then randomly select several more passages and average them in before plotting.

*Edward Fry, "Readability Formula That Saves Time," *Journal of Reading*, Vol II, No. 7, (April 1968), pp. 513-516; 575-578.

THE FRY GRAPH



NOTE: The "Readability Graph" is not copyrighted. Anyone may reproduce it in any quantity, but the author and the editors would be pleased if the source was cited.

The Cornell instrument illustrates one method that can be used to systematically evaluate print materials. Other evaluation methods may be more subjective as illustrated by the following instrument developed by the WIC Program in California.

The Cornell and California approaches are but two of a large number of equally valid methods for assessing printed materials for your program.

PRINTED MATERIALS EVALUATION (From California WIC)			
Title: _____		Copy Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prepared: _____		Date Produced: _____	
Available from: _____		Cost: _____	
<u>Type of Material:</u>	<u>Available in:</u>	<u>Target Group:</u>	
Single page ()	English ()	Prenatals ()	
Pamphlets ___pgs. ()	Spanish ()	Breastfeeding ()	
Poster ()	_____ ()	Parents of Children ()	
		Parents of Infants ()	
<u>Intended use:</u>	<u>Educational level:</u>	Children: Specify age _____	
Teaching aid ()	_____	Staff _____	
Self-instruction ()	_____		
_____ ()	_____		
Purpose: <input type="checkbox"/> Arouse Interest <input type="checkbox"/> Develop Attitudes <input type="checkbox"/> Give Information <input type="checkbox"/> Stir to Action			
Central Theme: _____			
Concepts Presented: _____			
Content: <input type="checkbox"/> well organized <input type="checkbox"/> accurate <input type="checkbox"/> relevant <input type="checkbox"/> positive approach			
<input type="checkbox"/> ethnic/role stereotyping <input type="checkbox"/> lack of commercialism			
Readability: (length of sentences and paragraphs, style, tone, etc.) _____			
Organization/Format: (layout, shape, size, color, illustrations) _____			
Additional Comments: _____			
General Evaluation: <input type="checkbox"/> Superior & Essential <input type="checkbox"/> Excellent & Desirable <input type="checkbox"/> Could Use <input type="checkbox"/> Reject			
Evaluator: _____		Date: _____	

Audiovisuals

When selecting audiovisual materials, you will need to consider both visual and audio appeal in addition to content and appropriateness for the target group. You can use the following form from Wisconsin NET to evaluate the suitability of an audiovisual such as a film, filmstrip, or slide/tape presentation for specific groups of WIC participants.

AUDIOVISUAL MATERIALS EVALUATION FORM (Adapted from Wisconsin NET)	
TITLE of MATERIAL _____	
SUBJECT EMPHASIS _____	

<u>IDENTIFICATION of TARGET AUDIENCE</u>	
1. Which of the following audiences is the material appropriate for?	
Prenatal	()
Breastfeeding	()
Parents of infants	()
Parents of children	()
Children: Specify age _____	()
Staff _____	()
Other _____	()
<u>CONTENT</u>	
Please rate each statement on a scale from 1 to 5. (1 = very low, 5 = very high)	
2. Concepts presented in a logical manner.	<u>1 / 2 / 3 / 4 / 5 /</u>
3. Concepts agree with accepted scientific principles of sound nutrition.	<u>1 / 2 / 3 / 4 / 5 /</u>
4. Material addresses relevant issues.	<u>1 / 2 / 3 / 4 / 5 /</u>
5. Subject matter of a permanent nature.	<u>1 / 2 / 3 / 4 / 5 /</u>
6. Material is free of commercial product promotion.	<u>1 / 2 / 3 / 4 / 5 /</u>
7. Material addresses both views of controversial issues.	<u>1 / 2 / 3 / 4 / 5 /</u>
<u>PROCESS</u>	
Please rate each statement on a scale from 1 to 5. (1 = very low, 5 = very high)	
8. Concepts appropriate for target population.	<u>1 / 2 / 3 / 4 / 5 /</u>
9. Length of presentation appropriate for target population.	<u>1 / 2 / 3 / 4 / 5 /</u>
10. Manner of presentation appropriate for target population.	<u>1 / 2 / 3 / 4 / 5 /</u>

11. Material motivates the student to learn. 1 / 2 / 3 / 4 / 5 /
 12. Aesthetic visual appeal of material. 1 / 2 / 3 / 4 / 5 /
 13. Aesthetic auditory appeal of material. 1 / 2 / 3 / 4 / 5 /

GUIDELINES for USAGE

14. What degree of nutrition knowledge is needed by the instructor of this material?
 ___ No background
 ___ Supplementary teacher instruction
 ___ If needed, is a clear and specific teacher guide provided?
 ___ Formal nutrition training
15. Are there activities or resources you suggest using in cooperation with this material? Yes ___ No ___
 Comments:
16. Have you previously used this material or are you aware of any situations in which this material was used? Yes ___ No ___
 If yes, please comment on effectiveness.
17. Material is applicable to which of the following teaching methods?
 -Presentation of factual materials Yes ___ No ___
 -Applied: requiring students to use the knowledge in various situations Yes ___ No ___
 -Problem solving: requiring student to analyze and synthesize knowledge and use their judgmental skills Yes ___ No ___
 -Individual Instruction ___ Group Setting ___
18. Would you recommend this resource for the WIC Program? ___
 Why?

ADDITIONAL COMMENTS

 Reviewer's Signature

 Date Reviewed

Developing and Adapting Materials

General Guidelines

Some WIC programs may need to adapt existing nutrition education materials or develop new ones for groups of WIC participants who have special needs or different lifestyles. The following are general guidelines for developing materials.

- Make sure that materials are **relevant** to audience concerns, needs, interests, attitudes, knowledge, language skills, media preferences, and cultural and lifestyle characteristics.

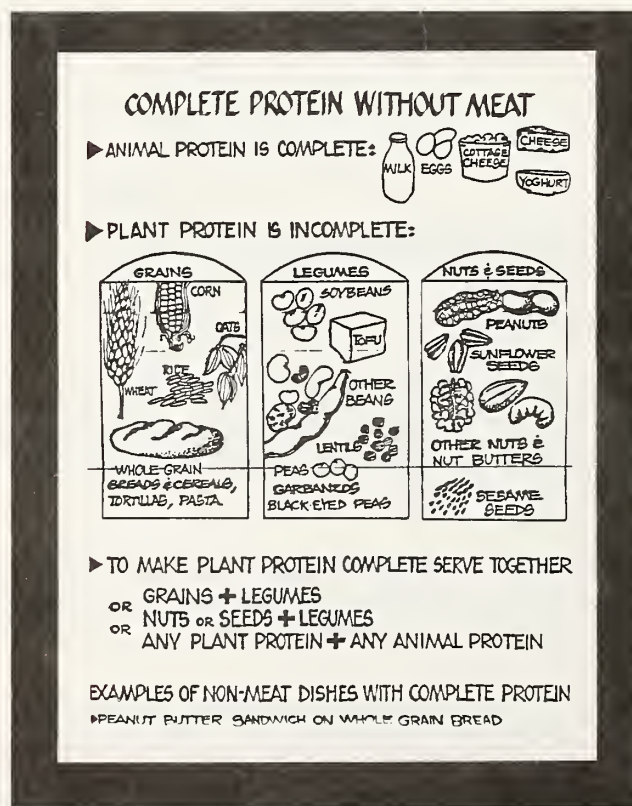
Examples: 1. Use ideas from magazines and television that are popular with the audience. Possibilities are nutrition quizzes and illustrated materials with "soap opera" story lines. For instance, WIC participants and staff could assemble a "photo-novel," which is a story told by photographs and captions. 2. See that people who are illustrated in materials are representative of the audience. Also consider using role models in materials.

- **Pretest** materials with the audience. Check for comprehension, cultural sensitivity, stereotyping, clarity, and persuasiveness.
- Recognize that the **motivational** aspects of materials are critical. Prepare materials that will entertain and involve participants and encourage their use of problem-solving skills.

Examples: 1. Use puppets to convey nutrition messages to children; 2. Have mothers take active roles in plotting the growth progress of their babies by entering notes on a form as the physician, nurse, or nutritionist makes observations and measurements; 3. Have adults plan a day's menu incorporating "Dietary Guidelines for Americans," U.S. Department of Agriculture, Department of Health and Human Services, Home and Garden Bulletin, No. 232, February 1980.

- Emphasize the best and most current **nutritional concepts**. Include the principles of the "Dietary Guidelines for Americans" in addition to addressing the nutritional risk factors of participants.
- **Vary** the size of **print**.
- Use **illustrations**.
- Use **single concept messages** whenever possible.

These guidelines are illustrated in the following example.



Making Materials Responsive to Special Groups

Additional challenges are presented in producing materials for participants of a different ethnic background who speak a different language. Examples are Spanish-speaking populations, Southeast Asians, Haitians, migrants, and American Indians.

In developing materials for these groups, you should attempt to:

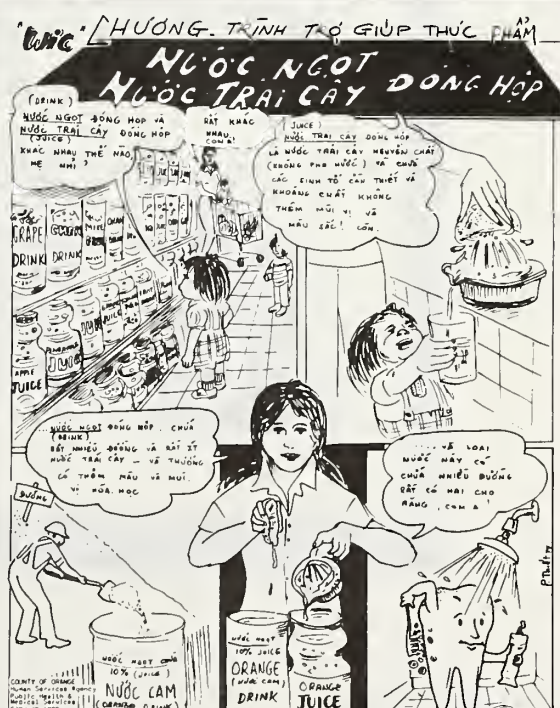
- Understand participants' lifestyles and food habits.
- Identify and reinforce positive aspects of these lifestyles.
- Recognize your own cultural biases. For instance, grouping foods into the traditional and familiar food groups may be both inappropriate and ineffective as a way of teaching diet planning to people for whom a meal is rice, eaten with a side dish of vegetables and a little fish.

With regard to translation:

- Carefully select translators and people to verify translation to promote accuracy. Whenever possible, use people who are bilingual and familiar with technical health terms.
- Recognize that totally accurate translations may be difficult because concepts of food and health can be specific to the culture.
- Consider producing materials both in a native language and in English to help participants learn English at the same time they learn about nutrition.

The two short nutrition education pieces that follow on this and the next page illustrate many of these principles.

WIC Program DRINKS AND JUICES



CAN HURT YOUR UNBORN BABY



If you are
trying to get pregnant
or
think you are pregnant
. . . . Don't Drink
Help your Baby get
a Good Start in Life!

Fathers:



You can help your baby by knowing the dangers of drinking during pregnancy. Let your families know, too. It is important to help pregnant women not drink.

NEED HELP?

It is not easy to stop drinking.
If you need help, call or visit:

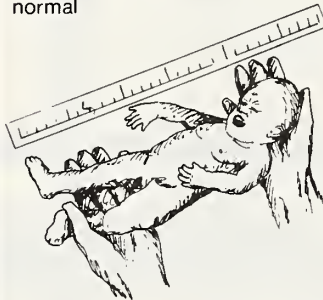
DRINKING WHILE PREGNANT



Adapted from ADAP, Gila River Indian Community
Published by Bureau of Nutrition Services, ADHS

WHAT?

Studies show that pregnant women who drink may have babies who are smaller than normal



grow more slowly than normal



and have difficulty learning



It is also believed that drinking too much alcohol increases the chances of having babies with birth defects.

ALL THESE PROBLEMS ARE PERMANENT AND CANNOT BE CHANGED.

WHY?

When the mother drinks, alcohol goes through her blood to the baby's blood. This harms the baby as it grows and develops, because alcohol is poison



HOW MUCH IS OK?



The amount of alcohol that is dangerous to the fetus is unknown. Even two drinks may harm the baby during the stage of development.

THE BEST ADVICE IS DON'T DRINK AT ALL WHILE PREGNANT!

Have a healthy pregnancy

- eat proper food
- exercise
- get proper prenatal care
- eliminate anything which may be harmful to your baby such as alcohol, cigarettes, and drugs.

Alcohol also enters a mother's milk so don't drink while breast feeding.

4

METHODS: How Can I Get the Results I Want?

- 34 Identifying Motivations of WIC Participants
- 35 Nutrition Education as a Process
- 36 Using Media Effectively
- 37 Adapting Learning Situations to the Local Program
- 38 Individual versus Group Educational Approaches
- 38 Involving Children
- 39 Extending the Learning Environment beyond the WIC Setting

Creating and guiding learning activities toward nutrition education goals is challenging. Your goal may be to help WIC participants make informed choices about the foods that they eat so they maintain desirable eating behaviors and modify undesirable ones. Factors that affect an individual's food choices include physiological and psychological makeup, and social, cultural, and environmental influences. Consequently, modifying eating behavior often requires that you reach a goal slowly, in small sequential steps. Behavior modification is justified only if, in your professional judgment, the specific benefits of changing an eating behavior outweigh the possible adverse consequences of maintaining that behavior. For example, you should consider the effect the change might have on family or other social relationships. Recognizing the many connections that food has in the lives of people is important not only in identifying nutrition education goals, but also in identifying the best means to attain these goals. In a nutshell, you should select nutrition education methods for their **appropriateness, efficiency, and effectiveness**. As an example, identifying motivations of WIC participants can help you select the most **appropriate** methods for working toward educational goals.

Identifying Motivations of WIC Participants

Each day WIC participants are exposed to food messages from a variety of sources. Sources of information include mass communication channels such as radio, television, and newspaper, and informal communication channels such as conversations with family and friends. The WIC participant selectively listens to certain messages. The food messages that are most likely to get through to the participants are those that reinforce things that the participant already believes. Those messages that are most important to individuals and are contained within their present value systems will have the greatest impact. There are many motivating factors that affect how receptive a participant will be to any message. Being sensitive to these motivations enables the effective communicator to tailor messages to the participant.

The following motivations of WIC participants were identified and became a foundation upon which to base the accompanying education strategies.

Participation Motivation	Nutrition Education Strategy
• Self-esteem	Have recipe contest with prizes for winning participants (See Sandra Copple—Chapter 8)
• Improved appearance	Emphasize appearance benefits of losing weight (See newsletter in this chapter)
• Acceptance by peers and community	Make nutrition education a social activity (See Marcelle Guth—Chapter 8)

Nutrition Education as a Process

You can view nutrition education as an ongoing process, regardless of whether your goals are to maintain or to modify participants' behaviors. In the latter case, an understanding of the steps people may go through in adopting new ideas can help you select appropriate methods to encourage the adoption of new ideas.

The stages identified below and the mother's expression of these stages illustrate the process involved in a decision to breastfeed.

Stage in Adopting a New Idea	Mother's Expression of Stage
1. Awareness	"I see a lot of mothers breastfeeding their babies these days."
2. Interest and information seeking	"I didn't nurse my first baby. Is there any reason why I should breastfeed this one?" "Can anyone do it?" "Will my breasts sag when I quit nursing?"
3. Evaluation (or Mental Application)	"Will I have to stop nursing when I go back to work?" "How will my husband react if I nurse the baby in public?"
4. Trial	"I think I'll try it."
5. Further information seeking	"What if my nipples get sore?" "How long should I try to breastfeed?"
6. Adoption	"I really enjoyed breastfeeding my baby." "It's a lot easier than making formula. I'd encourage others to try it."

Adopting new ideas will occur at different rates among WIC participants depending on an individual's learning rate and style. For some, the process may not go beyond the initial awareness stage. For others, ideas may be tried out before seeking information about or making an evaluation of the situation.

You may want to select nutrition education methods corresponding to the adoption stage reached by the WIC participant. For example, mass media techniques often are most effective in drawing attention to an idea and creating interest and desire for more information. On the other hand, informal channels of communication such as family and friends may have the most impact in the final stages of adopting a new idea, since this involves

accepting and incorporating the idea into a lifestyle. When obstacles occur in the educational process, you should consider the possible causes.

Here are two questions you might ask to help you focus on the nature of the obstacle:

- Is the message being attended to? If not, why not?
- Is the participant at a point in which he or she may desire more specific information on a subject?

With answers to these questions, you can revise nutrition education methods accordingly.

Using Media Effectively

When selecting a means to communicate messages, you should consider the message to be delivered and the audience(s) to be reached. Successful advertising techniques can help you effectively communicate via the mass media.

For instance, you can apply the following tips when conveying a message through a pamphlet, poster, or by radio.

Use:

- Positive messages
- Single concept messages
- Slogans
- Repetition
- Variety of methods to communicate the same message

Participants are likely to be more receptive to **positive communication**, such as “Breast Milk is the Best Milk for Babies,” than to receiving negative messages, such as “Bottlefeeding is Harmful to Your Baby.” Also, selecting only one topic or **single concept** to convey in a pamphlet, poster, or radio message will help insure that participants absorb the message. For instance, “Eat Whole Grains” could be the focus of a brochure or poster. Using catchy phrases or **slogans** are also ways to interest participants and aid in their retention of information. Here are some examples:

Nutrition, your best physician.
Your food, chance or choice?
A moment on the lips, forever on the hips.
Drinking like a fish is all right,
if you drink what a fish drinks.
Live healthy, well-thy, and wise.
Be safe at the plate.
Overeating is like a credit card—splurge now, pay later.
What you eat today is what you wear tomorrow.
What you eat in private, shows in public.
You are what you eat.

Repeating the nutrition education message can also aid retention. Nutrition education messages can be reinforced through a **variety of methods** including structured educational sessions in the WIC clinic, posters displayed in waiting rooms, newsletters for participants to take home, and informal contacts between the nutrition educator and participant.

Some media sources are useful when working with both large and small groups. Films, filmstrips, and flip charts are examples. The impact of these materials depends not only on their content and message but also on how they are used in an educational session. In particular, combining these channels of communication with informal and interpersonal channels can be very effective. For example, after a media presentation, you can encourage WIC participants to discuss the topics presented. Discussion might also be encouraged during the media presentation itself. Pauses between slides can provide participants an opportunity to ask questions. Printed materials such as pamphlets can be used to initiate group discussion and enhance their meaning to the participant.

The participant's family, friends, and community ties are informal communication channels that you can use in the educational process. A husband or other family member could accompany a WIC mother to educational sessions at the local agency or become involved in the discussion of nutritional issues at home.

Adapting Learning Situations to the Local Program

WIC Program resources and the realities of WIC Program operations are major considerations in selecting nutrition education approaches. Nutrition educators are becoming very creative in finding ways of making the most of limited resources, such as space, for the delivery of nutrition education.

Example: The Waiting Room

Many programs teach nutrition while participants wait to be certified or to pick up food instruments. These nutrition messages reinforce nutrition concepts that have been presented in educational sessions and on occasion introduce new concepts. Films, slide shows, display boards, posters, and self-instructional aids have all been used to teach nutrition. Methods that entertain and involve participants are particularly effective. Participants can work a crossword puzzle that tests their nutrition knowledge, as they sit in the waiting room. This could provide useful information to the participant and at the same time tell the WIC staff something about the client's level of nutrition knowledge. You could also use nutrition games to educate and entertain children in the waiting room.

Integrating nutrition education into the overall WIC Program offers additional challenges for WIC staff. The times at which participants are scheduled for nutrition education contacts must be both workable for WIC staff as well as convenient for participants. To accomplish this, many WIC programs arrange to have nutrition education contacts coincide with clinic visits and with certification and pickup of food instruments. Another approach used to accommodate the WIC participant is scheduling evening or weekend sessions and special classes for working mothers.

Individual versus Group Educational Approaches

Successful WIC programs use both approaches to teach nutrition participants. Each approach has its distinct merits. Compare the advantages of each.

INDIVIDUAL

vs.

GROUP

- | | |
|---|--|
| <ul style="list-style-type: none">• Education tailored to individual needs and resources.• High degree of interaction between participant and nutrition educator.• Close monitoring of nutrition education progress possible. | <ul style="list-style-type: none">• Efficient: reaches more participants.• Can bring together people with common needs and interests (for instance, mothers with preschool-age children, or breastfeeding mothers).• Learning occurs through exchange of ideas among peers.• Support for new behaviors provided by group. |
|---|--|

Involving Children

You can also direct nutrition education efforts toward preschool-age children enrolled in WIC. At ages 2, 3, and 4 years, children become increasingly aware of food and begin to adopt attitudes toward food that become lifelong eating habits. The WIC Program provides an excellent opportunity to complement and supplement childrens' home-based food experiences. Food experiences in the WIC setting can provide young children with a variety of sensory experiences that will enrich their overall development and encourage positive eating behaviors. Parents can benefit from observing children involved in various activities in the WIC setting and comparing the developmental stages of other children to their own.

Concepts that range from where food comes from to how foods are prepared and what foods are healthy can be presented to children in the WIC setting. Exploration and experimentation are two approaches to food education that work well with preschool children. This is an excellent opportunity to use volunteers and paraprofessionals to help children explore and experiment with food.

Some nutrition education activities for preschool-age children are described below.

- Read books or tell stories about food.
- Let children examine different foods.
- Use a "black box" with different nonperishable foods inside to shake so that children may guess what is inside.
- Allow children to smell different spices in jars.

- Have children mimic an adult behavior using make-believe foods, such as kneading bread dough or shaping meat patties made from clay or play dough.
- Set up a grocery corner made from a large packing crate and stock it with such items as empty cans and boxes. Let children pretend they are shopping for food.

A group at a WIC clinic may be of different ages and abilities. This can be a decided advantage. A mature child will be able to assist a young child in a learning activity.

Learning activities designed for children can also be designed to reach parents. For example, puppet shows with a nutrition theme might appeal to both parents and children.

Extending the Learning Environment beyond the WIC Setting

You can reinforce nutrition education messages received in the WIC setting by extending the educational process to other settings. Nutrition education for WIC clients can take place in food stamp offices, Head Start centers, supermarkets, and even laundromats. The possibilities are almost limitless.

Some supermarket ideas include tear-off recipe cards placed near WIC foods on supermarket shelves with the recipe on the front and nutrition information on the back, and slide and tape presentations on WIC food preparation at a market that is frequented by WIC clients.

In a home delivery system, recipes, nutrition newsletters, and information sheets can be delivered with the food.

In the Dodgeville, Wisconsin WIC project, the staff uses parent meetings and newsletters of the local Head Start Program to reinforce nutrition messages. They also plan nutritious snacks for Head Start meetings.

Other WIC projects including those that provide home delivery of WIC foods have begun newsletters for participants. An example of a newsletter from the California WIC Program follows.

Dear Participant:

Once again, it is springtime!! Time to get ready to enjoy the warm weather. But, if you are like most of us, you will find your summer clothes are a little tight from those extra pounds that the inactivity and holiday eating of winter brings.

Both shedding winter pounds or losing large amounts of excess weight are difficult to do without a firm commitment. THERE IS NO EASY WAY. Fad diets are dangerous to your health and rapid weight loss is usually re-gained quickly. You may need to change your FOOD HABITS PERMANENTLY to prevent obesity from being a way of life for you.

DO YOU REALLY WANT TO LOSE WEIGHT AND KEEP IT OFF?

Your Motivation Must Be High
Think About These Facts

Twenty-five pounds of excess weight over the age of forty decreases your chance for a long life by 25%.

Overweight women often have more difficulty during pregnancy and labor.

Overweight women are often discriminated against when they look for a job.

Obesity leads to crippling and often fatal diseases like high blood pressure, heart disease and diabetes.

YOU CAN DO IT!

(Adapted from California)



5

EVALUATION: How Can I Tell if Our Nutrition Education Efforts Are Effective?

42 Considerations in Planning your Evaluation

43 Categories of Evaluation

45 Types of Evaluation

45 The Outcome Evaluation

45 Knowledge

48 Attitudes/Beliefs

48 Behavior

50 Improvement in Nutritional Status

51 Conclusion

Evaluation is the process of measuring the effectiveness and appropriateness of an activity or intervention. You may determine the success of any intervention in many ways ranging from very informal verbal feedback to numerical data that can be analyzed with statistical methods. Evaluation provides a rational approach to program monitoring and development.

A key element to recognize is that, no matter how informal, an evaluation requires documentation. Unless recorded, the utility of the entire evaluation is suspect and often of little value. Your challenge is to recognize and record the results of your nutrition education efforts.

It is methodologically difficult to substantiate the connection between nutrition education and the improved health of WIC participants. Other WIC program benefits such as health care and the food package are more tangible influences on health status. These more direct influences make it more difficult to measure the relative impact of nutrition education on the health of participants. Furthermore, the failure to measure the effects of nutrition education discourages any attempt to systematically improve the nutrition education program.

Without documented support of nutrition education, this component of the WIC Program is vulnerable in times of escalating program costs and dwindling resources.

Recognizing all these factors, some nutrition educators have begun to develop new methods of evaluation. They have begun to look to the quantitative methodologies of the social and behavioral scientists. Creatively coupling these methods of the social scientist with the traditional tools of the biological and physical scientist can create the bridge necessary to link educational activity with the improvements in nutritional status. Furthermore, when we focus on the health benefits of nutrition education, we should not forget to assess other effects such as improvements in family food purchasing practices.

This chapter discusses several approaches to evaluation as well as some specific techniques that may help you assess the progress of your nutrition education efforts.

Considerations in Planning your Evaluation

How useful an evaluation will be depends upon how well it is designed. Often an evaluation will be conducted that bears little or no relation to the original purpose of the program. Other evaluations have been designed with little regard for cost, personnel, or time requirements. The best evaluators always keep in mind the audience for whom the evaluation is being performed, the purpose of the evaluation, and how the results will be presented and used. An outline of key considerations to keep in mind while designing and carrying out your evaluation follows.

Evaluation Planning Sheet—WIC Programs

(Adapted from the Food and Nutrition Service Southeastern Regional Office)

DECISION

SITUATION: What category of evaluation will be conducted?
PURPOSE: What will the evaluation achieve?
AUDIENCE: Who is the evaluation for?
ISSUES: What do you want to find out? What decisions are to be made?

EVIDENCE: What information will be needed?

DATA GATHERING: How will information be collected?

- a. Instrument, task force, interview, committees, computer programs? What questions will be asked to get information?
- b. From whom? Source of information—sampling.
- c. Time schedule: When?
- d. Information to be collected by whom?

ANALYSIS: What does the data mean?

- a. Instructions for editing, coding, and tabulating.
- b. Relationships, correlations, and comparisons to be made.
- c. Statistical analysis to be used.
- d. Analysis and interpretation to be done by whom? When?
- e. Conclusion and recommendation to be developed by whom?

REPORTING: How can the evaluation findings be reported?

- a. Means of presenting the findings.
- b. Format of the report.
- c. Date for reporting the findings.

RESOURCES: a. Personnel requirements: staff time.

b. Budget: money.

Categories of Evaluation

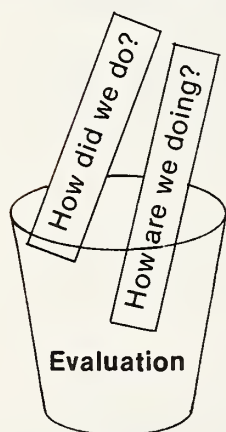
There are two broad categories of evaluation, formative and summative. They serve two very different purposes.

In general, you use the formative evaluation to improve your program or activity. A formative evaluation can convey qualitative information and may not require extensive planning. A summative evaluation is highly technical, quantitative, and must be carefully organized.

	Formative	Summative
Purpose—	1. to modify and improve a program or activity	1. to gauge the impact and appropriateness of a program or activity
Timing—	2. ongoing and may involve immediate and continual feedback	2. at the conclusion of a specific effort or project
Methods—	3. may be anecdotal or informal	3. generally analytical, statistical, and research-like
Scope—	4. can be focused and narrow, and can address individual and isolated aspects of the program	4. usually comprehensive

Your whole approach to an evaluation depends on whether you intend to conduct a formative or a summative evaluation. The planning investment, the data gathering, the information analysis, the overall resource commitment, and most activities related to the evaluation are more time-intensive and costly in a summative evaluation. For efficiency, you should first decide which type of evaluation best suits your purpose.

A "Litmus Test" for Distinguishing between Formative and Summative Evaluation



Procedures:

1. Test both questions against your evaluation.
2. Note which one "fits" best.
3. Read results off standard reference chart.

Standard Reference Chart

If	Then
How did we do? "fits" best	It is a SUMMATIVE Evaluation.
How are we doing? "fits" best	It is a FORMATIVE Evaluation.

Recommendations:

If the purpose of your evaluation is to tell you how well the program is running, then good formative evaluation provides the information that you need to adjust or fine tune a program until it operates smoothly. Only then can you undertake a meaningful summative evaluation or performance test. Do not automatically discontinue a program or activity if the formative evaluation indicates the need for modification. Decide whether the problem lies with the activity itself or with the mechanics of how the program is run. For instance, the women may have appeared uninterested in your lesson on "maintaining optimal iron status," but their apparent lack of in-

terest may have been due to the presence of their toddlers. When the distraction is removed, you may find that it wasn't the topic itself, nor the way the message was delivered that was the chief cause of the earlier failure to communicate. However, do not hesitate to discontinue a program or activity if negative results are obtained from a well-designed summative evaluation. Continuing to operate an ineffective nutrition education program is unconscionable.

Types of Evaluation

There are three basic types of evaluation. Each of these can be either formative or summative.

Type of Evaluation	Describes
Strategy Evaluation	The degree to which the intervention responds to the identified problems of the target group.
Process Evaluation	How well the activity was conducted.
Outcome Evaluation	The extent to which the anticipated outcome was achieved.

Of all these, the outcome evaluation deserves the most attention. Results of outcome evaluations best justify the intervention, program, or activity by confirming its beneficial impact. Outcome evaluations present a picture of the impact of the program on the participants.

The Outcome Evaluation

The most prevalent method for describing the sequence of outcomes that results from a nutrition education activity is found in the **KABINS** model. This model assumes that changes in knowledge (**K**) lead to changes in attitudes (**A**) that result in altered behaviors (**B**) and ultimately, result in improved nutritional status (**INS**). Knowledge does not necessarily lead to action. Recently, evaluators have begun to measure behavior intentions as well as reported behaviors in order to more fully measure the effects of the nutrition education activities.

Knowledge

Questions concerning knowledge about nutrition are generally easy to develop from the curriculum or lesson plan. For instance, if you are presenting a lesson on iron-rich foods to children enrolled in WIC, you might ask, "What foods are rich in iron?" The ease in forming knowledge questions may be deceptive, especially for young children. With children, the way that the questions are presented is critical.

Questions should be written or spoken very clearly so that they are correctly understood by most children. The instructor should be sensitive to the knowledge level of young children when testing the way that they relate to food and groups. For example, young children may respond nega-

tively to questions about "cereals" or even "cornflakes" even though they eat them regularly at home. They may refer to their cereal only by a brand name. In this case, their unfamiliarity with the words "cereal" or "cornflakes" will result in an answer that does not describe their real knowledge or attitude. Such errors in test questions are extremely difficult to detect without pilot testing the questions beforehand. Whether for children or adults, you should present new questions to a sample group and revise them before using them in a final questionnaire.

A good method to use in testing changes in nutrition knowledge of children is to have an adult instructor or leader, who is trained for this task, read validated questions to the children and have them respond to "picture" scales. The following example illustrates this technique and the level of questioning that is suitable for children ages 3 to 5. In the picture scale, notice that the evaluation can be graded in an easily measurable way. This type of numerical data lends itself to objective analysis.

Instructions for the Test Giver

Example of a Method to Test the Nutritional Knowledge of Children

(Adapted from NTS Research Corporation, Durham, North Carolina)

Point to the star and the number one on your instruction sheet. Then, run your finger horizontally across the first row to point out the four pictures. Then say: "I am going to read the question for these pictures. Put a circle around the picture you choose." Read the first question.

1. (star) A well balanced diet is important because:

- A. It helps me make friends. B. It helps me grow and develop. C. It helps me sing better. D. It helps me act grown up.



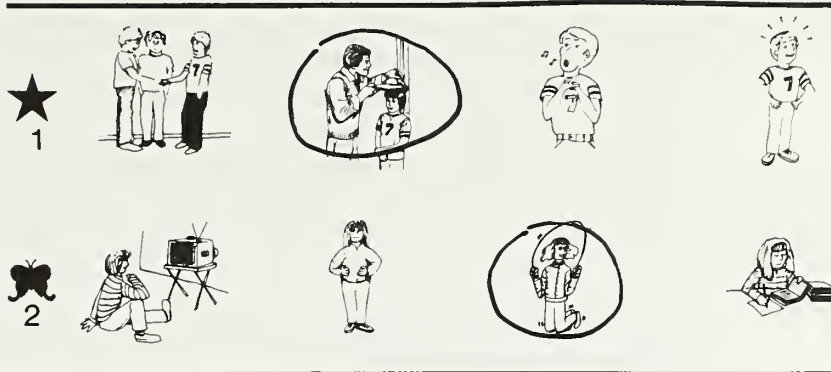
When the children have marked the first item, check to see that they have circled one of the pictures in the first row. Continue reading the items to the children. Maintain a steady pace. If one or more of the children indicate that they do not understand a given item, reread that item, using exactly the same reading. However, avoid repetition of every item. Continue reading:

2. (butterfly) A person needs more food for energy when:

- A. She watches television. B. She is fat. C. She gets more exercise. D. She studies a lot.



Answer Sheet for the Child



More sophisticated tools can be used with adults. With adults, you should try to test not only for recall of information, but also, for its application in a problem-solving situation. In particular, note the evaluation for Performance Objective No. 2 that follows. Notice also that the activity is documented and the objective is stated in measurable terms.

(Adapted from California WIC)

OUTCOME OBJECTIVE A.

Within 6 months of participation in the nutrition education program, 60 percent of the prenatal women will demonstrate knowledge of the nutritional needs during pregnancy and lactation based on the revised guidelines established in **Nutrition During Pregnancy and Lactation (NDPL)**.

PERFORMANCE OBJECTIVES	LEARNING ACTIVITIES Describe topics, methods, and teaching materials	EVALUATION	DOCUMENTATION
1. Pregnant/lactating women will identify the food groups.	Individual counseling by nutritionist or aide each trimester comparing recall to six food groups. Handout "Food for a Healthy Mom & Baby" given to each entering pregnant/lactating woman.	Diet improved at trimester checks.	Eligibility card or chart.
2. Pregnant/lactating women will identify at least two foods within each of the food groups based on the revised NDPL guidelines.	Prenatal Class. "Diet During Pregnancy" stresses using the food groups as a guide. Uses "Inside My Mom," food models. Each prenatal group discussion.	Post-test: Using food models, one participant makes appropriate daily menu. Other participants fill out sample 24-hour recall in the appropriate food categories.	File kept by nutritionist.
3. Pregnant/lactating women will identify the amount of food needed from each group per day based on the revised NDPL guidelines.	Information included as part of individual counseling by nutritionist and in prenatal class, as noted above.		
4. OPTIONAL: Pregnant/lactating women will be able to evaluate their food intake for one day by stating if they have eaten the number of foods from the food groups based on the revised NDPL guidelines.		OPTIONAL: Pregnant/lactating women will identify any and all suboptimal areas of intake of the food groups and record their intent to remedy the areas.	

Attitudes/Beliefs

Knowledge about nutrition is closely related to beliefs about nutrition. As with knowledge, questions about attitude and attitude change can be developed from the curriculum with little difficulty. The "Smiley Face" portion of the evaluation form that follows illustrates one method for testing a child's food attitudes. Notice how the measurement of attitudes toward certain foods is accompanied by a measure of the child's reported eating behaviors.

Evaluation of a Child's Food Attitude and Eating Behavior (Adapted from Arizona NET)

SNACK PREFERENCE

DIRECTIONS: 1. Fill in the code number given by teacher Code _____
2. Check the box that tells how you feel about food listed.
3. Check the box that tells how often you eat it for a snack.

FOOD	PREFERENCE				FREQUENCY			
	Like A lot 	Like Some 	Don't Like 	Never Tasted 	Daily	Once a Week	Once a Month	Hardly Ever
DONUTS								
CUPCAKES/CAKES fill in your favorite _____								
TWINKIES								
COOKIES fill in your favorite _____								
CRACKERS fill in your favorite _____								
GRANOLA/GRANOLA BARS								
POPSICLES								
CANDY BAR fill in your favorite _____								
OTHER CANDY _____								
GUM: regular _____ sugarless _____								
MARSHMALLOWS								
POTATO CHIPS								
CORN CHIPS								
PRETZELS								
CHEETOS								
POPCORN								
NUTS/CORN NUTS								
OTHER (List)								
ICE CREAM/ICE CREAM BARS								
MILK SHAKES								

Behavior

Although measures of knowledge and attitude are important components of outcome evaluations, they are not enough to describe the final outcome. Knowledge and attitude testing should be complemented by measuring changes in other outcomes such as behavior, behavior intentions, and improvements in nutritional status. The plan on page 47 includes examples of evaluations of both behavior (see Performance Objective No. 1) and behavior intentions (see OPTIONAL Objective No. 4).

Traditionally, the nutritionist has measured the eating or feeding behaviors reported by the target audience or participant to gauge the impact of nutrition education on behavior. The 24-hour recall or a similar instrument such as the 7-day food frequency questionnaire are some of the most commonly used instruments for measuring eating behaviors.

Considerable research has shown that measuring an intention to behave in a certain way is a powerful predictor of the way one actually acts. An evaluation of reported behaviors can be strengthened by measurements of behavior intentions that confirm the reported behaviors. Compare the following “twin pairs” of questions designed to test the behaviors of WIC participants.

Questions to Test

In	Reported Behavior	and	Behavior Intentions
Children	What did they eat for breakfast today?		What do children intend to eat tomorrow for breakfast?
	What snacks did they have yesterday?		What snacks do they think they will have tomorrow?
	Did they ask their parents to prepare or buy a special food yesterday?		Did they intend to ask their parents for a special food tomorrow?
Adults	What did they serve for breakfast today?		What do they intend to serve for breakfast tomorrow, and why did they choose these foods?
	Have they exercised today?		Do they intend to exercise tomorrow?

Although what a person says they intend to eat does not always accurately predict what they really do eat, the degree of error is generally no greater than the discrepancy between what a person tells you that they ate and what they actually consumed. Whether you choose to test for the intended behavior or the reported behavior, it is often influenced by many factors.

As nutritionists we are more familiar with—and therefore, have greater confidence in—measures of reported behaviors. Although understandable, past reliance on reported behaviors should not automatically preclude using tests of behavior intentions to assess changes in behavior.

A second factor to consider is whether you have an opportunity to review reported behaviors. Many programs report difficulty in scheduling the two required contacts within a certification period. To measure reported behaviors requires a followup questionnaire, food frequency, or dietary recall at a later date. Intended behavior can be immediately measured at the close of that nutrition education contact. Not only is this more efficient, it also removes the possibility that other factors may have intervened between the nutrition education session and the measurement of behavioral changes. These intervening factors may have caused the reported behavioral change that is measured.

Third, you should consider the person that you are counseling. A person must possess a certain level of intellectual and forecasting skills before you can accurately measure behavior intentions. On the other hand, honesty is needed for valid measurement of reported eating behaviors. For instance, while some adults may "conceal" items they ate, a child will usually "confess" that he or she had a twinkie and a jelly doughnut washed down with a soft drink for breakfast. On the other hand, an adult is generally better equipped to predict what he or she will eat tomorrow or the next day. Consequently, measurements of reported behaviors might be more appropriate for children, while testing behavior intentions might be more effective with adults.

Improvement in Nutritional Status

The WIC Program requires that certain aspects of nutritional status be measured, such as weight gain and iron status. Even with sophisticated computer analysis of such data, it may be impossible to define the role of nutrition education in effecting the observed change in nutritional status. There are many factors in addition to nutrition education that influence these changes. The best approach that is available to us today is to forge a strong sequential link between the nutrition education and the observed improvements in nutritional status. If we start with the improvements shown in the outcomes that usually occur first—such as the knowledge, attitude, and behavior changes—and follow through to changes in health status that are recorded much later, then we have constructed a logical sequence that supports an argument that nutrition education played a part in causing the observed improvements in nutritional status.

In constructing your outcome evaluation, remember that the parts of a puzzle by themselves are not as meaningful as they are when assembled in a single picture. Try, therefore, to include as many elements of this scheme as possible in each evaluation tool and plan.

Conclusion

Past evaluations have not demonstrated that improvements in physiological or biochemical indicators of health specifically result from nutrition education efforts. There are several reasons for this:

1. Improvements in nutritional status generally occur over a long period of time. It may take several months to change dietary habits and several more months after that before physiological and biochemical indicators actually reflect them.
2. When health indicators are affected, it is difficult to decide whether the change occurred because of nutrition education or because of another influence such as: supplemental food, genetic makeup, birth order, general educational level, or income level.

Because it is so difficult to credit nutrition education for specific improvements in well-being, it is important to study the intermediate changes that result from nutrition education efforts such as changes in knowledge, attitudes, and behaviors. Changes in these areas demonstrate the immediate effects of nutrition education. In the long run, when definite physiological improvements are measured, you will be able to take greater credit for your nutrition education efforts by demonstrating solid links that led to the desired physiological change.



6

DOCUMENTATION: Why Should I and How Can I Document the Delivery of Nutrition Education?

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54 The Kinds of Information to Record

55 The Retrieval System

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57 Approach 2: Nutrition Care Plans

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63 Approach 5: The Certification Form

68 A Summary Report: Local Agency Monthly Activities Report

In recent years there has been a growing emphasis on documentation of services and outcomes within the health arena. This emphasis reflects the increasing pressures within administrative agencies for program accountability. This chapter responds to this challenge for increased accountability by discussing the various purposes for documentation, the kinds of information that should be included, the places where such information may be recorded and stored, and several ways that local programs accomplish this task. The examples from local programs, which vary in format and scope as well as purpose, illustrate different approaches to documentation. Examples are found at the end of this chapter.

The Role of Documentation

“Why should I document?”

Careful documentation of services is an integral component of any well-managed program. Documentation not only is required by the Federal regulations, it also has other functions. Orderly documentation can strengthen the viability of your program by enhancing accountability and becoming a resource for reports, audits, quality assurance measures, and program evaluation. Systematic documentation organizes participant information for all members of the health team involved with the participant. This promotes continuity of care by reducing redundancy and minimizing oversights and omissions. In this way, it encourages the referral of participants to other services. Systematic documentation also gives staff members and other community agency professionals the opportunity to identify candidates for other appropriate programs.

The Kinds of Information to Record

“What must and what should I document?”

Often there are many questions that you would like answered about each nutrition education contact but staff, time, and space on the recording instrument limit your choices. The following list presents examples of the kinds of information that other programs either require or recommend. Those prefaced with an asterisk (*) are usually required, while the other examples are suggestions for very useful, supplemental information.

- * Content of the counseling session.
- * The type (basic, secondary, or high risk) of nutrition education received by each participant (7 CFR §246.9 (e)(1)).
- * The inability or refusal of a participant to attend or participate in nutrition education (§246.9 (e)(1)).
- * The name of the provider and date of contact.
- * The name of the participant. Where contact is with both the parent and the guardian of an infant or child, both names should be recorded.
- * Written assessment by the nutritionist, nurse, or physician of the participant's needs and problems.
- The method of counseling received (group, individual, audiovisual, etc.).
- The position of the provider (EFNEP aide, nutritionists, clerk, etc.).
- The specific behavioral objectives for the participant.

- Materials used with or given to the participant.
- Participant's response to counseling.
- Progress of the participant and future plans.
- Evaluation of the participant's success in achieving the behavioral objective(s), particularly at the close of each certification period.

The Retrieval System

“Where do I record and store the information?”

When you are deciding where to record and store information, keep in mind not only your constraints but your reasons for documentation. How you answer the question of why documentation is important to your program will generally depend on your reasons for needing the documentation. Once these reasons are clear, you can more easily select the appropriate place to record and store the information. For instance, if you are interested in conducting a long-term prospective analysis of the effects of your nutrition education activities, then you may seriously consider recording and storing your selected information on computer tapes. If your highest priority is to promote coordination of services within a total health team, then the use of progress notes within the participant's medical or clinic records would inform all health team members of the participant's needs, progress, and suggested plans. A conventional computerized system might do little to facilitate the transmittal of participant information among the various members of the health team. On the other hand, retrieving statistical data from medical records or clinic charts is a formidable task if undertaken without the aid of a computer.

There are trade-offs involved with other systems. For example, a tracking system using punch cards such as the one that follows will enable you to analyze the progress and results of your program in a relatively simple way without a computer. Recording and storing all information in your certification file will allow you to keep a highly centralized file of the participants' records.

Tracking Card System for Documentation

(from Montana WIC)

Using item by item coding, the provider records the selected information by punching out completely the hole along the periphery of the card. With a special needle, the provider can then stack and track selected subgroups within the program. Note that this system also records other relevant bits of information **both** on the side shown and the reverse side (not shown here).

FOOD VOUCHERS							MAR. STATUS			EDUCATION					RACE					AGE							
Name _____ Birthdate _____ Age _____							Address _____ City _____ Phone _____							Date of Initial Certification _____ LMP _____ EDC _____							Pregravid Weight _____ Height _____ Month Prenatal Care (Medical) began _____						
Smoking: _____ pack(s) per day							Alcohol Consumption: _____ oz. per day or week (circle one)							Medical History: _____ Obstetrical History: _____													
Vitamin Supplement (Brand): _____							Infant DOB _____ Place _____ Mother's Age at DOB _____							Infant BW _____ Length _____ Gestational Age _____													
ANEMIA							ABWG							WT. GN							BRST-FD						

Sharing Methods: Five Approaches Plus a Summary Report

"In what ways can I keep these records?"

There are a variety of ways for you to gather the desired information. Neither the five categories presented in this section, nor the examples within each category, are intended to be exhaustive. They merely represent how some other programs have approached this question. Designing the method that best satisfies your program will involve consideration of many factors ranging from your available "hardware" to any applicable rules and guidelines promulgated by your State agency and by the Food and Nutrition Service regional office. The following five categories illustrate several popular designs that can be tailored for your program. Each of these five approaches is followed by an illustration of that method.

Approach 1: Lesson Plans

With only minor changes such as including the participant's name and date, you can modify the lesson plans presented in Chapter 2 to describe the educational session of the participant and to contain all the kinds of information that you judge to be valuable. Using lesson plans adapted to the individual to document nutrition education will provide you with very specific information concerning the content of the educational contact.

Approach 2: Nutrition Care Plans

You must develop and use an individual care plan for all high-risk contacts, and for all basic and secondary contacts when requested by the participant. This approach is generally the most comprehensive and often includes other methodologies. For instance, the nutrition care plan from Montana that follows uses lesson plans and progress notes. The succeeding care plan from Mississippi also includes on the first page a progress note but uses the “SOAP” technique (see page 61). On all forms a summary statement is often essential if you hope to convey information to other professionals. Notice how both of these care plans have a summary section. This evaluation of the diet history and nutritional status will be an invaluable aid to other professionals.

Nutrition Care Plan

(Adapted from Montana WIC)

Purpose: To propose a “plan of action” for the participant’s nutritional risk factor(s).

Instructions:

- a. At the first WIC visit, the nutritionist checks the participant’s nutrition risk factors identified during the nutrition assessment. The nutrition risk factors are then listed in order of priority on the care plan that follows.
- b. The “plan of action” is completed within 30 days of the first visit. The monthly education plan is based on each participant’s nutritional needs. As each nutrition education lesson plan is completed, the nutritionist or nutrition aide dates and initials the appropriate columns. Referrals to other health, welfare, and community agencies are recorded. If a mother and several children are on the WIC Program, a family care plan is recommended. The “plan of action” would include all the nutrition needs of the family. These needs would then be ranked and their education documented as in an individualized care plan.
- c. Follow-through is recorded in “progress notes” to document additional education provided and other pertinent data.
- d. If group education is provided, it is documented either on the care plan or progress notes.
- e. At each 6-month reevaluation, the “Evaluation” section is completed and progress is noted. The evaluation should relate to the problems identified at the first visit and answer the question: “Were the problems resolved?”
- f. If participation in the program continues, update the care plan and make changes as needed.

Care Plan

Date Completed _____
Date Revised _____

NAME Sally Participant

WOMAN

INFANT

CHILD

____ Pregnant ☒ Age 8 mo. ____ Age ____
____ Postpartum breast-feeding
____ Postpartum nonbreast-feeding

PROBLEMS

W & C

I & C

W

____ underweight	____ stunted	____ teenage pregnancy
<input checked="" type="checkbox"/> overweight (95%)	____ growth failure	____ past history of
____ anemia	____ LBW	____ abnormal wt. gain
<input checked="" type="checkbox"/> inadequate diet <u>no Fe source</u> <u>no vit. C source</u>	<input checked="" type="checkbox"/> feeding problem <u>soft drink in bottle</u> <u>too much milk (40 oz.)</u>	____ other
____ chronic disease	____ other <u>teenage mother</u>	____ other
<input checked="" type="checkbox"/> need for education in <u>infant feeding</u>		

PLAN OF ACTION

Nutrition Education

	Date Completed	Initials
1. Diet for age - emphasize less milk	1/7/77	JMS
2. Improve intake of Fe & vit. C foods	2/7/77	JMS
3. Dental health, learn to read growth charts		
4. Learn to read growth charts	3/7/77	JMS
5. Developmental steps of feeding	4/10/77	JMS
6. Basic food groups for age 1-2 yrs, wic food buying	5/10/77	ARD
Other:		
Referrals: PHN (no immune), EHEP		

PROGRESS NOTES

Mother receptive to counselling. Sally off jr. foods, eating ground table foods.	1/7/77	JMS
Sally's weight remains steady.	2/7/77	JMS
Encouraged weaning, has stopped soft drink.	3/8/77	JMS
Ran out of groceries this month referred to food stamps	4/8/77	ARD

SUMMARY AND EVALUATION

Diet adequate in all food groups. Feeding problems resolved except that Sally still takes a bottle at night. Weight almost down to 95th %. Extend 6 months.

ID# _____

NUTRITION CARE PLAN
(Adapted from Mississippi WIC)

Name _____ W _____ I _____ C _____

Date of Birth _____ Race _____ EDC (W) _____ BW (I) _____

INITIAL CONSULTATION

HT. _____ WT. _____ HCT./HGB. _____ HC (I) _____

Subjective Data

Objective Data (Summarize Diet History — Note other medical Data as indicated)

Assessment

Plan

NUTRITION EDUCATION OBJECTIVES

	DATE OF EACH VISIT:				
REQUIRED OBJECTIVES:					
1. EXPLANATION OF WIC-SUPPLEMENTAL					
2. PATIENT'S RISK CONDITION/NEED FOR WIC FOODS					
3. REQUIREMENTS OF AND NEED FOR ADEQUATE DIET					
4. NUTRITIONAL VALUE OF WIC FOODS/IN DIET					
5. PROPER USE OF WIC FOODS					
OTHER:					

NOTE: Use above chart for stating objectives and noting achievement of each objective during initial and subsequent consultations. Counsel concerning required objectives (1-5) in SEQUENCE.

- ⊕ indicates positive behavioral change
- + indicates clear understanding
- o indicates fair understanding-needs further reinforcement
- indicates poor understanding-lack of comprehension

RECOMMENDATIONS, ACTIVITIES, FOLLOWUP

II: Date _____

HT. _____ WT. _____ HCT./HGB. _____ HC (I) _____

Subjective Data:

Objective Data: (Summarize Diet History — Note medical data as indicated)

Assessment:

Plan: (Note objective achievement on front of care plan.)

RECOMMENDATIONS, ACTIVITIES, FOLLOWUP:

III: Date _____

HT. _____ WT. _____ HCT./HGB. _____ HC (I) _____

Subjective Data:

Objective Data: (Summarize Diet History — Note medical data as indicated)

Assessment:

Plan: (Note objective achievement on front of care plan.)

RECOMMENDATIONS, ACTIVITIES, FOLLOWUP:

IV. Date _____

HT. _____ WT. _____ HCT./HGB. _____ HC (I) _____

Subjective Data:

Objective Data: (Summarize Diet History — Note medical data as indicated)

Assessment:

Plan: (Note objective achievement on front of care plan.)

RECOMMENDATIONS, ACTIVITIES, FOLLOWUP:

(For subsequent consultations, attach second Nutrition Care Plan)

DIET HISTORY

24-HOUR DIETARY RECALL		DATE:	DATE:
Morning			
Between			
Midday			
Between			
Evening			
Bedtime			
*FOOD FREQUENCY			
Milk-	Formula		
	Whole		
	Skim, Lowfat		
	Ice Cream, Cheese		
Meat-	Lean		
	Processed, Fatty		
	Substitutes		
Bread & Cereal	Breads		
	Cereals		
	Baked Goods		
Fruit & Vegetables	Vitamin C		
	Vitamin A		
	Other		
Sugar	Beverages, Candy		
Other			
SUMMARY: (Note nutrient deficiencies, educational needs, undesirable habits, etc.) Determine: If patient is on special diet, takes supplements, medication for chronic disease, PICA, alcohol, drug abuse, etc. *Specify by day, week or mo.			

Approach 3: Progress Notes

Progress notes using techniques such as the “SOAP” (Subjective-Objective-Assessment-Plans) method can provide another member of your team with a clear picture of a participant’s previous session(s), status, and progress. Each part of a SOAP note has a specific function.

Procedures for Writing Nutrition Progress Notes in WIC Charts or Medical Records Via the S O A P Method

Date

NUTRITION NOTE:

- | | |
|--------------------|---|
| S: SUBJECTIVE DATA | This includes (1) the dietary intake and food habits as recorded on the 24-hour recall and/or food frequency, (2) food habits, (3) any statements made by the participant or guardian that reflect nutritional status of the participant, (4) any expressions of concern or well-being concerning the participant. |
| O: OBJECTIVE DATA | <p>For WIC this would include (1) height or recumbent length, (2) weight, (3) head circumference (for infants), (4) hematocrit and/or hemoglobin.</p> <p>In general, objective data includes all actual clinical findings of lab tests, heights, weights, skinfold measurements, etc., that have a direct bearing on the nutritional management of the individual’s nutritional status.</p> |
| A: ASSESSMENT | Your professional appraisal of the participant’s nutritional status, based on the subjective and objective data; your assessment of the participant’s interest level. |
| P: PLAN | <p>This section includes (1) a summary of the recommendations you made, (2) the changes the participant is willing to make, (3) what was discussed during the counseling session, (4) a list of any materials given out, and your plan for followup. Examples might include:</p> <ul style="list-style-type: none">• See in 2 months re: vitamin C foods; or• See in 6 months for certification; or• See in next check pickup time to discuss addition of exercise and foods rich in calcium. |

Progress notes have been used most often as either a part of a more comprehensive care plan, or as a component of the participant's medical or clinic records. Following is an illustration of SOAP progress notes from Ohio.

SOAP Method of Documentation Examples for Use

(Adapted from Ohio WIC)

Example 1 (6-week-old infant coming into the clinic for the first time)

- S** Both mother and infant are obviously overweight . . . mother responds automatically to his crying by giving him a bottle. Typical day's intake:
1½ 13 oz. cans concentrated iron fortified formula (10-4 oz. bottles)
½ jar strained cereal with fruit
½ jar strained vegetables and meat
or record "see diet intake"
- O** bw—7# (50%) bl-20" (50%)
today's wt.—13# (95%) length—22" (50%)
wt/ht 95%
or record "see certification form"
- A** overweight due to excessive food intake, early introduction of solid foods.
- P** discussed increased probability that overweight infant may become overweight adult and associated risks and reasons for delaying introduction of solid foods. Suggested that crying is not always a sign of hunger—that he may just want to be changed or held. Mother agreed to:
1. Decrease formula from 40 to 32 oz. per day.
 2. Replace ½ jar strained cereal with 2 T. infant cereal 3 times/day.
 3. Replace ½ jar strained vegetable and meat with ½ jar strained vegetable.
 4. Offer water more frequently instead of formula.
 5. Not add anything until next visit scheduled for 6 weeks from now.

Example 2 (Pregnant 15 yr. old coming to the clinic for the first time)

- S Accompanied by mother—both seem very apprehensive. Both are pale and appear to be underweight. Lives with parents and five younger brothers and sisters. Will continue in school until pregnancy appears obvious (it isn't yet). Plans to keep the baby.

Typical day's intake:

WIC breakfast

candybar during morning

lunch—sandwich (peanut butter, hamburger, hot dog, grilled cheese)

small bag potato chips

12 oz. can soda pop

dinner—meat or meat substitute (2 oz.)

½ c. potatoes (boiled, roasted, fried)

1 slice bread with butter

1 cup milk

or record "see diet intake"

- O height—5' weight LMP—90#

wt.—20 wks. gestation—95#

hct.—31%

or record "see certification form"

- A Low prepregnancy wt., inadequate wt. gain (due to desire to hide pregnancy).

- P Explained importance of adequate weight gain to healthy outcome of pregnancy. Agree to (1) eat breakfast (cereal with milk, toast, juice), (2) replace soda pop with milk, (3) eat a piece of fruit at lunch and a vegetable at dinner. Discussed vitamins A and C in fruits and vegetables. Gave "How WIC Helps." To return in 2 weeks.

Approach 4: Flowsheets

Itemized checklists are quick ways to record information about a nutrition education session. These range in complexity and in the amount of information they gather from the very simple observations illustrated in the form from Rhode Island that follows, to the comprehensive design from North Dakota.

Approach 5: The Certification Form

The certification form itself is sometimes used. When the form is used to record only the legal minimum, all of the other potential purposes are foreseen.

Basic Contact at Initial Certification

(Example of Flowsheet from Rhode Island WIC)

- ☐ Explanation of the WIC program as a supplemental food program rather than a total food program.
(—"WIC means food & health care."—a Flyer)
- ☐ Explanation of the food package.
(—"WIC allowed foods."—a Flyer)
- ☐ Explanation that WIC foods are specifically for the WIC participant.
- ☐ Explanation of the nutritional value of the WIC foods.
- ☐ Explanation of the importance of good health care for participants of all categories.
- ☐ Explanation of individual's risk factor(s) based on data obtained from nutritional/medical assessment.
- ☐ Nutritional counseling based on data gathered from nutritional assessment to insure an adequate diet.

(24-hour recall & food frequency)

- ☐ Explanation of proper use of checks and ID card.
- ☐ Explanation of approved vendors in area where WIC checks may be used.
- ☐ Explanation of need for secondary contact.
- ☐ Explanation of reason for high risk contact.
- ☐ Appointment given for high risk contact _____
Date Time

The above statements have been explained to me in detail and I feel I have understood all the information given to me.

Signed: _____
(Patient)

Witness: _____
(R.N./Nutritionist)

Nutrition Education Plan

Pregnant, Breastfeeding, Postpartum Women

(Example of Flow Sheet for North Dakota WIC)

Participant: _____ Priority I IV

Date certified: #I _____ #II _____ #III _____

General information:

Referrals: Physician Food stamps Other
Prenatal classes Laleche
Family planning AFDC

CODE	RISK	I	II	III
101-2-3	Anemia			
104-5	Age: 19 or under/35 or over			
106	Less than 18 months between pregnancies			
107	4 or more pregnancies			
108	5% under standard weight			
109	20% over standard weight			
110	Poor weight gain last pregnancy			
111	Under 10# gain by 20th week			
112	Insufficient gain after 20th week			
113	Abnormal weight gain			
114	Pre-eclampsia/eclampsia			
115	HX. of miscarriages/abortions			
116	HX. of neonatal deaths			
117	HX. of premature or low birthweight infants			
118	HX. of failure to thrive infants			
119	Multiple fetuses			
120	Disease condition:			
121	Breastfeeding mother of infant at risk			
122	Emotional stress:			
123	Alcohol/drug abuse			
124	Smoking			
125	Frequent colds and infections			
401	Low protein intake			
402	Low iron intake			
403	Low calcium intake			
404	Low vitamin C intake			
405	Low vitamin A intake			
406	Low calorie intake			
407	Low fruit & vegetable intake			
408	Low bread & cereal intake			
409	Pica			
410	Unusual food habits			
411	Alcohol more than 2 oz./day			
412	High conc. CHO intake			
601	Postpartum: Medically at risk			
602	Postpartum: Inadequate diet			
700	At risk of regression			

_____ Refused to or unable to participate in nutrition education.

Reason: _____

I. Basic contact: An explanation of one or more of the following topics must be given during each certification period.

A. Nutritional risk conditions and ways to achieve an adequate diet (nutritional needs, sources, and serving sizes).

- _____ 1. Anemia
- _____ 2. Teenage pregnancy
- _____ 3. Underweight
- _____ 4. Overweight
- _____ 5. Other high risk: _____
- _____ 6. Low protein intake
- _____ 7. Low iron intake
- _____ 8. Low calcium intake
- _____ 9. Low vitamin C intake
- _____ 10. Low vitamin A intake
- _____ 11. Low calorie intake
- _____ 12. Low fruit and vegetable intake
- _____ 13. Low bread and cereal intake
- _____ 14. Pica
- _____ 15. Unusual eating habits
- _____ 16. Alcohol (more than 2 oz./day): Effect on fetal development.

- B. _____ Encouragement to breastfeed (Must be discussed with all pregnant women)
- C. _____ Explanation of program as a supplemental food program
- D. _____ Importance of prenatal health care

Nutritional value of supplemental foods:

- _____ 1. Milk/cheese
 _____ 2. Eggs
 _____ 3. Iron-fortified cereal
 _____ 4. Vitamin C-rich juice

II. Secondary contact: All clients will receive a secondary contact consisting of an explanation of one or more of the following topics during each certification period.

A. Nutrition during pregnancy.

- _____ 1. Foods for pregnancy
 _____ 2. Components of weight gain
 _____ 3. Fetal growth and development
 _____ 4. Vitamin and mineral supplements
 _____ 5. Anemia and iron needs
 _____ 6. Sodium needs
 _____ 7. Nausea/vomiting
 _____ 8. Constipation
 _____ 9. Heartburn

B. Nutritional needs of postpartum/breastfeeding women.

- _____ 1. Nutrient needs during interconceptual period
 _____ 2. Nutrient needs while breastfeeding
 _____ 3. Weight reduction

C. Benefits of a varied diet.

D. Preparation for breastfeeding.

- _____ 1. Breastmilk composition/colostrum
 _____ 2. Importance of breastfeeding (less allergies/more immunity)
 _____ 3. Maternal/infant bonding
 _____ 4. Support of mate
 _____ 5. Breast and nipple care
 _____ 6. Breast pumps/nursing bras
 _____ 7. Clothing/nursing in public
 _____ 8. Inform hospital staff of your wishes: want infant within first 3 hours, no formula or glucose water, etc.
 _____ 9. Feeding positions
 _____ 10. Frequency of feeding
 _____ 11. What to expect the first week (milk production, leaking)
 _____ 12. Importance of rest
 _____ 13. Prevention and treatment of engorgement
 _____ 14. Additional water not needed
 _____ 15. Going back to work
 _____ 16. Supplemental feedings
 _____ 17. Problems:

E. Iron-fortified formula and bottle feeding.

- _____ 1. Nutrients in formula-food for first year of life
 _____ 2. Formula preparation
 _____ 3. Techniques of bottlefeeding (bottles, nipples, holding newborn)
 _____ 4. Maternal/infant bonding
 _____ 5. Amount and frequency of feeding

F. Feeding guidelines--delay introduction of solids.

- _____ 1. Reduce risk of allergies
 _____ 2. Weight gain
 _____ 3. Physical development for solids
 _____ 4. Nuk nipples and pacifiers

G. Nutrients/topics of special need or interest

- | | |
|---------------------|------------------------|
| _____ 1. Folic acid | _____ 6. Carbohydrates |
| _____ 2. B vitamins | _____ 7. Fats |
| _____ 3. Vitamin D | _____ 8. Cholesterol |
| _____ 4. Copper | _____ |
| _____ 5. Zinc | _____ |

III. High-risk contact: All priority I pregnant women will receive an individual nutrition care plan. Those high-risk women 8 months pregnant or less at initial visit will receive a diet prescription calculated according to the Montreal diet dispensary method. Other women will receive an individual care plan if they request one.

Care plan given: _____ Instruction by: _____

Comments/client's response:

Followup:

Good diet adherence ☐ Fair diet adherence ☐ Poor diet adherence ☐

Women

* S = Available in English & Spanish

NUTRITION EDUCATION MATERIALS (✓OR DATE WHEN USED)

General

What Is WIC? (Ross)
The WIC Program & Good Nutrition
(General Mills)

Nutrients and foods

Basic Food Groups (Dairy Council)
Key Nutrients and The Basic Food
Groups (MCH)
S Iron: The Hard to Get Nutrient (MCH)
Key Nutrients: Iron (MCH)
Iron Information (NE #7)
Foods High in Iron (NE #8)
Iron the Blood Builder (General Mills)
Iron Recipes (NE #14)
S Calcium (NE #20)
Key Nutrients: Calcium (MCH)
Calcium (General Mills)
Calcium Recipes (NE #13)
Cheese Recipes (Dairy Council)
Milk Recipes (Dairy Council)
S Vitamin A (MCH)
Key Nutrients: Vitamin A (MCH)
Vitamin A (General Mills)
Vitamin A Recipes (NE #11)
S Vitamin C (MCH)
Key Nutrients: Vitamin C (MCH)
Vitamin C (General Mills)
Vitamin C Recipes (MCH)
Key Nutrients: B Vitamins
Key Nutrients: Protein
Key Nutrients: Carbohydrates
Key Nutrients: Fats
Breads and Cereals (MCH)
WIC Ways with Cereal (NE #6)
Fruits and Vegetables (MCH)
Vegetarian Nutrition (Dairy Council)
Eggs (NE #19)
What's on a Label (NE #18)
Fun Recipes with WIC Foods (NE #21)

Films/filmstrips

Great Expectations
Healthy Mother/Healthy Baby
Inside My Mom
The Beginning of Life
Maternal Nutrition
Alcohol: Crises for the Newborn
Unfinished Child
Prenatal Care
Breastfeeding Your Baby
First Foods
Babies Need Iron
Homemade Baby Foods

Pregnancy/Postpartum

Help Your Baby to a Health Start (MCH)
Diet Checklist for Women (MCH #12)
Nutrition and Pregnancy Weight Gain
Q's & A's (NE #4)
Weight Gain Grid
Food for-the-Mother-to-Be (NE #1)
Eating for Two (March of Dimes)
Foods for the Teenager during Pregnancy
Inside Your Body/Inside Your Head (MOD)
The Junk Food Blues (MOD)
Days of Change (MOD)
Food for Thought & Eating (MOD)
Smoking and the Two of You (Lung Assoc.)
Before You Drink, Think... (MOD)
Data (Drugs, Alcohol, Tobacco Abuse
during Pregnancy) (MOD)
Be Good to Your Baby before It Is Born
(MOD)
Nutrition and the Pill (MCH)
Breastfeeding
Nature's Way to Feed Your Baby (NE #5)
So You've Decided to Breastfeed Your
Baby (NE #25)
S Mothers & Fathers, Have You Thought
about Breastfeeding? (MCH)
Nipple Care (Laleche #103)
Nursing Your Baby, Pryor
Complete Book of Breastfeeding (Seeger
and Olds)
Breast Is Best: A Common Sense Approach
The Womanly Art of Breastfeeding (L.L.L.)
Infant Feeding
The First Twelve Months (MCH)
Milk: Your Baby's First Food (NE #24)
Newborn Booklet for Parents (MCH)
Formula Information (NE #3)
Primer on Infant Nutrition (MEAD-
Johnson)
Nutrition and the Critical First Year
of Life (Mead-Johnson)
Feeding Your Growing Baby (Ross)
Flip charts
Nutrition during Pregnancy (Cornell)
Components of Weight during Pregnancy
(Montana)
First Foods
Feeding Your Baby

A Summary Report: Local Agency Monthly Activities Report

To provide yourself with a periodic overview of your nutrition education program, you can develop a review tool such as the summary instrument developed by North Dakota. This type of monthly review provides the coordinator of nutrition education and the administrator with an overview of the range and concentration of activities, together with an estimate of cost and a summary of referrals for the month.

Clinic Site _____	Report Prepared By _____									
	Title _____									
<p>LOCAL AGENCY ACTIVITIES REPORT</p> <p>Month Of _____ 19__</p> <p>(From North Dakota WIC)</p>										
<p>NUTRITION EDUCATION ACTIVITIES:</p>										
_____	Pregnant women receiving individual diet plans and/or counseling									
_____	Postpartum women receiving nutrition education consults									
	Parents/Guardians receiving nutrition education:									
_____	Consults on infant nutrition									
_____	Consults on child nutrition									
=====	TOTAL OF BASIC, SECONDARY AND HIGH-RISK CONTACTS									
	<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Group Activities</td><td style="width: 20%;">Date</td><td style="width: 20%;">Attendance</td></tr><tr><td>Topic: _____</td><td>_____</td><td>_____</td></tr><tr><td>Topic: _____</td><td>_____</td><td>_____</td></tr></table>	Group Activities	Date	Attendance	Topic: _____	_____	_____	Topic: _____	_____	_____
Group Activities	Date	Attendance								
Topic: _____	_____	_____								
Topic: _____	_____	_____								
Newsletter (Note content and attach copy):										
Bulletin Board (Note content and attach drawing):										
Home Visits (Reason for and topic covered):										
In-Service or Continuing Education (Activities attended):										
Other Nutrition Education Activities:										
Comments (i.e., local needs for in-service topics, new brochures, films, etc., feelings about success of various activities, evaluation of this month's activities, etc.):										

NUTRITION EDUCATION COST:

_____	Staff Time (hrs x \$ _____	/hr = \$ _____)	
_____		hrs x \$ _____	/hr = \$ _____)	
_____	Fringe	hrs x \$ _____	/hr = \$ _____)	
		hrs x \$ _____	/hr = \$ _____)	
		hrs x \$ _____	/hr = \$ _____)	
		hrs x \$ _____	/hr = \$ _____)	

Fringe = (_____)

(Time spent in individual or group nutrition education activities, developing educational materials, time spent evaluating nutrition education activities, time spent writing local nutrition education plan, time at in-service meetings)

_____ Food Cost for Demonstration or Display

_____ Equipment Costs (Describe: _____)

_____ Slides, Tapes, Food Models, etc. (Describe: _____)

_____ Printing Cost (For What: _____)

_____ Postage (Not to include cost of mailing vouchers, notices, etc.)

_____ Brochures Purchased (Name: _____)

_____ In-service Training Costs (Include Travel to State or Regional Meeting)

_____ Miscellaneous (Itemize: _____)

===== TOTAL NUTRITION EDUCATION COST

REFERRALS (A Family Counts as 1 Referral)

No. To		No. From
_____	EPSDT	_____
_____	Food Stamps	_____
_____	AFDC (Aid to Families With Dependent Children)	_____
_____	Immunization Clinics	_____
_____	Prenatal Classes	_____
_____	Prenatal Care	_____
_____	Family Planning	_____
_____	Indian Health Services	_____
_____	Migrant Council	_____
_____	Migrant Health Services	_____
_____	Human Development Center	_____
_____	Private Physician	_____
_____	Alcohol and Drug Abuse Counseling	_____
_____	Parents Anonymous	_____
_____	Others _____	_____
=====	TOTAL REFERRED	

Outreach Activities:

Publicity (Attach Sample of Newspaper Articles):

Grocer Monitoring and Training Activities:



PROVIDERS: How Can I Extend and Effectively Use Personnel?

- 72 Staff Contributions from the Public and Private Sectors**
- 72 Roles of Nutrition Education Providers**
 - 72 Professionals versus Paraprofessionals
 - 73 WIC Participants
 - 74 Integrating Community Programs with WIC
- 74 Relationships of Nutrition Education Providers**
 - 74 Organizing a Team Approach to Nutrition Education
 - 76 Communication Links Among Providers and Participants
- 78 Training Nutrition Education Providers**
 - 78 Competency-based Training Guides

You can expand limited staff resources and enhance nutrition education through: 1) staff contributions from the public and private sectors; 2) the increased use of paraprofessionals and WIC participants as nutrition education providers; and 3) coordination of nutrition education provided through the WIC Program with other community resources. You can also build a more effective program by training nutrition educators to meet recognized standards of performance.

Staff Contributions from the Public and Private Sectors

You can extend limited staff resources by using volunteers and additional funding sources. Volunteers that can be used in the delivery of nutrition education include:

- church groups (in the Parris, Kentucky WIC Program, volunteers help with holiday parties featuring WIC foods);
- students (the Dodgeville, Wisconsin WIC Program is using early childhood development students to help with food activities with children);
- community professionals (in the Menominee WIC project in Wisconsin, two tribal health clinic nutritionists help the WIC staff deliver nutrition education on major clinic days).

Funding for staff positions can come from a variety of sources. In two Native American WIC projects in Wisconsin, the paraprofessional Indian staff are funded by an Indian Health Service (U.S. Department of Health and Human Services) grant to provide nutrition education. In the Waccamaw District of South Carolina, the Department of Education is paying the salary of a full-time instructor to work with WIC participants. Staff positions have been created through the private sector as well. For instance, in Wisconsin, two nutrition positions are funded by the National March of Dimes.

Roles of Nutrition Education Providers

Professionals Versus Paraprofessionals

Professionals who provide nutrition education include nutritionists and other health professionals such as nurses, health educators, and physicians. Nutritionists have a primary responsibility in the overall planning, implementation, and evaluation of nutrition education in the WIC Program. Other health professionals, such as nurses, serve as important adjuncts to WIC nutrition education efforts because of their health background and their frequent contact with WIC participants in the clinic and at home. Making nutritional assessments, reinforcing nutrition education, monitoring progress, and making appropriate referrals are some of the functions nurses may perform.

Paraprofessionals have also been very effective and efficient in teaching nutrition education. Given proper training and supervision, paraprofessionals such as nutrition aides and WIC clerks can perform a number of the traditional functions of nutritionists. They may:

- prepare nutrition education materials such as posters, displays, and WIC recipe books;
- schedule nutrition education contacts;
- provide basic and secondary nutrition education contacts;
- monitor progress of participants;
- document nutrition education contacts;
- make appropriate referrals.

Using paraprofessionals lets the nutritionist devote more time to other important areas of program planning, evaluation, and staff training. Other advantages to using paraprofessionals are:

- more services can be offered to participants;
- the cost of providing services can be reduced;
- paraprofessionals may share similar cultural and socioeconomic backgrounds with participants and be able to exert the peer influence needed to maintain or modify food habits, as appropriate.

You may want to consider these two limitations to using paraprofessionals:

- paraprofessionals need to be well-trained and carefully supervised;
- a high turnover rate among paraprofessionals is common due to their low salaries. This makes it difficult to train and keep experienced paraprofessionals.

WIC Participants

You can also use WIC participants effectively as a resource. Current education theory identifies the value of variety in the delivery of an educational message. Often the rephrasing of a concept by a fellow learner will be an important link that connects the content of a lesson to the participant's own world. Actively engaging the WIC participant as something more than a passive listener benefits both you and the participants. Participant-to-participant learning might flourish in the following situations:

- informal group discussions among participants who have common concerns (such as losing added weight after pregnancy);
- leading a group discussion of other participants about a topic by a trained participant;
- role-playing among WIC participants;
- interpretation of a pamphlet by a bilingual participant to participants unable to read English;
- delivery of food and nutrition education to children.

In addition to helping teach nutrition education, you can also involve WIC participants in aspects of program development and evaluation. For example, participants can consult, advise, and evaluate preliminary models of nutrition education materials. They can also provide ongoing evaluation on

the impact of the program through an advisory council or other means of feedback. You may also discover participants in your program who show high potential to become paraprofessional nutrition education providers.

Integrating Community Programs with WIC

Many WIC programs have begun to integrate the services of a variety of community health and social programs with nutrition education services of the WIC Program. The objectives of these efforts are to:

- Assess the total needs of a community;
- Share information and nutrition education methods and resources, and develop materials among programs with common goals such as Head Start, the Expanded Food and Nutrition Education Program (EFNEP), the Commodity Supplemental Food Program (CSFP), and the Nutrition Education and Training (NET) Program;
- Monitor the progress of WIC participants involved in different programs;
- Reinforce educational instruction;
- Facilitate appropriate referrals to community programs in order to increase the use of available resources and to help meet participants' total needs;
- Coordinate training of professionals and paraprofessionals;
- Share expertise of professionals from other agencies.

There are many diverse professionals in your community that you could tap to help in nutrition education. For instance, a social worker could help develop a referral system for community programs; counsel participants whose nutritional problems are linked to psychological problems; or help train WIC staff in interviewing techniques, family dynamics, and crisis management.

Relationships of Nutrition Education Providers

Organizing a Team Approach to Nutrition Education

Your own unique staffing pattern and the particular resources available to you in the community will dictate what approach you will ultimately follow when providing nutrition education. Nevertheless, the success of whatever approach you take will depend on good organization and communication. In other words, your staff must work together as a team. For example, if you increase your staff of paraprofessionals and allow them to assume some of the tasks within program development, implementation, and evaluation that other staff members now perform, the need for organization increases. Nutritionists, paraprofessionals, and the WIC participants themselves need to share their problems and solutions. The staff should also discuss among themselves their strategies in delivering nutrition education so that their efforts are consistent.

The Task/Provider Table that follows is an easy way for you to keep track of duties and to encourage communication among providers. Each provider can learn at a glance who is working on similar tasks and contact those others for their ideas about that task. In addition to improving services to participants and maintaining control over the cost of services, active teamwork often lends a dynamism and spirit to nutrition education.

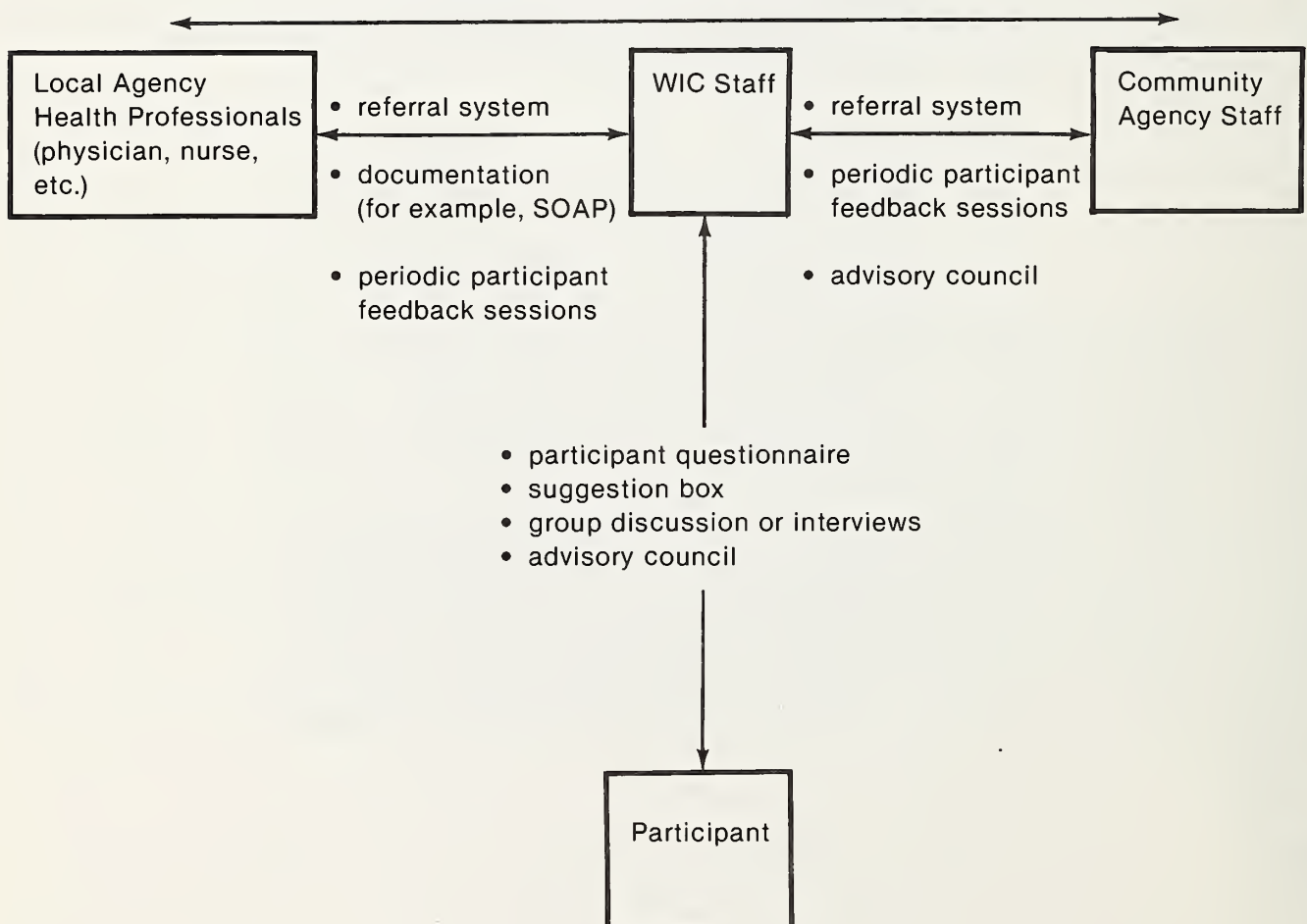
Task/Provider Table for Improved Communication Links											
FUNCTION	PROVIDER										
	WIC Nutritionist		WIC Paraprofessional				WIC Participant		Other Local and Community Agency Staff		
	Coordinator	Nutr. Educ. Specialist	Nutr. Ed. Aide	Clerk	#1	#2	#1	#2	Secy.	Doctor	Social Nurse Worker
Program Development											
Determines content for nutrition education (needs assessment)	✓	✓	✓	✓				✓			
Selects educational methods and tools		✓	✓	✓							
Prepares local agency nutrition education plan	✓	✓									
Prepares or modifies nutrition education materials		✓	✓	✓				✓			
Establishes community agency referral system for participants	✓				✓				✓		✓
Trains paraprofessionals	✓	✓								✓	✓
Provides periodic inservice training to local agency and community nutrition education providers	✓	✓									
Program Implementation											
Provides nutrition education (1) basic and secondary contact		✓	✓	✓				✓			✓
(2) high risk contact		✓									
Schedules nutrition education contacts					✓	✓			✓		
Documents contacts in certification or health record files		✓	✓	✓	✓	✓			✓		
Refers participants to other community agencies		✓	✓	✓	✓	✓			✓		✓
Program Evaluation											
Monitors progress of participants		✓	✓	✓	✓	✓		✓		✓	✓
Supplies ongoing evaluation of the program		✓	✓	✓	✓	✓		✓		✓	✓
Supplies overall evaluation of the program	✓										

Communication Links Among Providers and Participants

You can facilitate coordination among nutrition education providers in the local WIC Program and in the community and with program participants by establishing channels of communication such as suggestion boxes, questionnaires, group discussions, referral systems, and interviews. An advisory council of participants and providers could be another method for obtaining participant's feedback and for establishing communication links between professionals in separate agencies. The chart that follows illustrates some of the communication and feedback links that you might use in a local WIC Program. Two of these tools, the SOAP sheet and the participant questionnaire, are discussed briefly in the next several pages.

Communication between a health professional and a WIC nutritionist could take place through the use of a Subjective, Objective, Assessment, and Plan (SOAP) sheet. A SOAP sheet is a four-part method of documenting patient contacts that is often used by health teams. The subjective area contains information reported and described by the patient. The objective area contains information that cannot be biased by personal interpretation. (For instance, chemistry lab findings and anthropometric data that can not easily be manipulated.) Assessment is an interpretation of the subjective and objective information. The plan section contains a series of steps for the entire multidisciplinary team to follow to improve or eliminate the problem identified in the assessment. (For an example, see page 62.)

Communication Links in the WIC Program



While SOAP sheets improve coordination among various health professionals, participant questionnaires can facilitate communication between the health staff and the participant. You can also use them to evaluate current nutrition education activities. Furthermore, you can plan future activities based on the participant's expressed needs and interests. Sample questions used by WIC nutritionists in North Carolina and North Dakota follow.

Example of a Participant Nutrition Education Questionnaire

(Adapted from the North Carolina and North Dakota WIC)

YOUR OPINION PLEASE!

We would like to provide you with the kinds of nutrition education that you want. Please give us your opinions by completing this questionnaire.

THANK YOU!

QUESTIONNAIRE

1. I have attended at least one nutrition class since I (or baby or child) enrolled in the WIC Program:
 - ☐ Yes
 - ☐ No
2. I have talked with the nutritionist one or more times since I (or my baby or child) enrolled in the WIC Program:
 - ☐ Yes
 - ☐ No
3. The best time for me to get information about nutrition is: (Check all that apply)
 - ☐ When I am here for a clinic appointment
 - ☐ When I come in to pick up my food instruments
 - ☐ When I have a special appointment with the nutritionist
 - ☐ Other (Write in your answer):
4. I have problems getting in for nutrition education classes or talks with the nutritionist:
 - ☐ No, I don't have problems getting in
 - ☐ Yes, I have the following problems:
 - ☐ a. getting transportation
 - ☐ b. finding someone to take care of my children
 - ☐ c. the clinic is open only during the hours I work
 - ☐ d. Other (explain):
5. I feel that learning about nutrition is:
 - ☐ Very important
 - ☐ Somewhat important
 - ☐ Not important
6. I learned something I needed to know when I talked with the nutritionist
 - ☐ Yes
 - ☐ No
 - ☐ I have not talked with the nutritionist
7. I would like to know more about: (Check all that apply)
 - ☐ How to use WIC foods
 - ☐ How to save money on food bills
 - ☐ What foods are best for me and my family
 - ☐ How nutrition relates to health
 - ☐ Foods needed by pregnant women
 - ☐ Breastfeeding
 - ☐ How to prepare infant formula
 - ☐ Feeding my baby
 - ☐ Good snacks for young children
 - ☐ Foods that help build strong blood
 - ☐ Other (write in your answer)
8. I learned something I needed to know in one or more of the nutrition classes I attended:
 - ☐ Yes
 - ☐ No
 - ☐ Have not attended a class
9. Generally, the nutrition education I have received this year at WIC has been:
 - ☐ Helpful ☐ Interesting ☐ So So ☐ Boring ☐ Worthless
10. Please indicate the ways you would most like to receive nutrition information. Place a number 1 beside the method you like the most, a number 2 beside the method you like the second best and so forth.
 - ☐ Talking to a nutritionist during the WIC appointment
 - ☐ Seeing a movie or filmstrip
 - ☐ Tasting foods or seeing a food demonstration
 - ☐ Going to a morning group meeting
 - ☐ Going to an evening group meeting
 - ☐ Reading the WIC Newsletter
 - ☐ Reading a pamphlet
 - ☐ Reading a book or article
 - ☐ Seeing a bulletin board
 - ☐ Other
11. I enjoy learning about nutrition through: (Check all that apply)
 - ☐ Talking with the nutritionist ☐ Attending a class
 - ☐ Talking with the nurse ☐ Seeing a movie or slide show
 - ☐ Talking with the doctor ☐ Reading a book or pamphlet
12. I think nutrition education services could be improved by:
 - ☐ Having more classes
 - ☐ Letting me have more time to talk with the nutritionist
 - ☐ Letting me have more time to talk with the nurse or doctor
 - ☐ Showing more movies
 - ☐ Having more pamphlets for me to read
 - ☐ Telling me when classes are to be held
 - ☐ Offering services at night
 - ☐ Other (Write in your answer):

Training Nutrition Education Providers

The need for continued training of nutrition education providers cannot be overemphasized. If your program has a periodic turnover in staff or is already using many paraprofessionals, a good training program is essential. WIC Program regulations require State agencies to provide inservice training and technical assistance for professional and paraprofessional staffs with local programs. In addition, the local WIC staff itself and staffs of other community programs, such as the Expanded Food and Nutrition Education Program (EFNEP), may play a role in this training.

Competency-based Training Guides

In several States, WIC programs use competency-based training guides to train paraprofessionals. These guides establish minimum acceptable levels of learning achievement for job-related tasks. When the learner demonstrates mastery of knowledge and skills at this level, he or she is considered competent.

In preparing training guides, States define the paraprofessional's responsibilities and the minimum competency levels. States often require paraprofessional WIC Program staffs to be competent in the following areas:

- basic WIC Program knowledge;
- *basic nutrition knowledge and knowledge of conditions of special nutritional need;
- weighing and measuring techniques;
- nutritional assessment techniques;
- *counseling skills;
- educational methods;
- *referral procedures.

*Portions of Oregon's and Arizona's Paraprofessional Training Guides for these competency areas follow.

Competency: Basic Nutrition Knowledge

Name of employee: _____

(From Oregon WIC)

Reviewer signature and title: _____
_____**Level 1: Minimum WIC Certifier Competencies**

Competencies	Suggested Resources, References	Suggested Time for Completion	Assessment			
			Needs more practice, study	Date	Meets competency	Date
Basic Nutrition Knowledge The WIC certifier will be able to: <ol style="list-style-type: none"> 1. State a simple definition of nutrition. 2. Explain how food is related to nutrition. 3. Explain how nutrition is related to health. 4. Explain why a variety of food is important for growth and health. 5. List four major influences on the nutrients in food, its safety, appearance, and taste. 6. Name two functions and four food sources of the following nutrients: protein, vitamin A, vitamin C, iron, and calcium. 7. Name two nutrients in each of the following WIC foods: milk, cheese, eggs, juices, cereals. 8. List three foods she/he likes and dislikes and give two reasons for each of the likes/dislikes. 9. List two food habits of WIC participants that are nutritionally beneficial and two that are harmful. 	Deutsch, Ronald: Family Guide to Better Food and Better Health, Meridith Corp., Des Moines, Iowa, 1971 (OSHD lending library) "Concepts in Food and Nutrition," In Oregon Diet Manual , Department of Human Resources, Health Division, 1975, p. 2. "Key Nutrients: Functions and Sources," In Oregon Diet Manual , p. 3-5. A Source Book on Food Practices , National Dairy Council, 1970 (available from Oregon Dairy Council)	within 6 months of employment				

Competency: Communication Skills

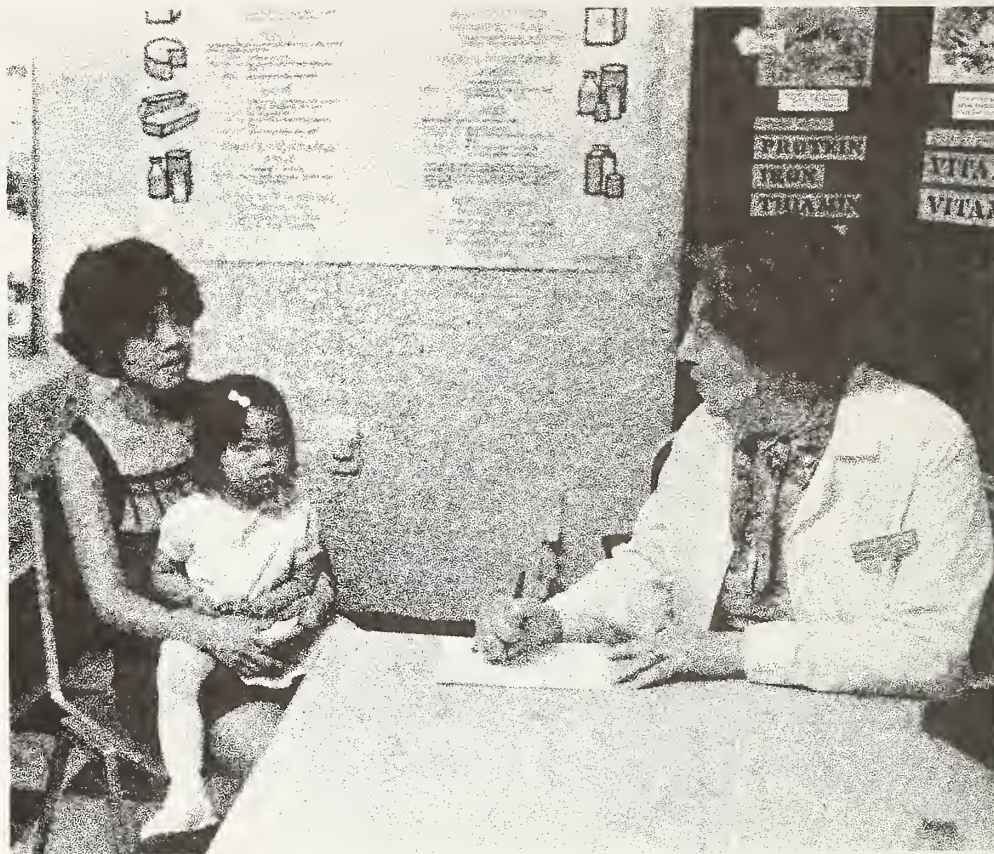
(From Oregon WIC)

Level 1: Minimum WIC Certifier Competencies

Competencies	Suggested Resources, References	Suggested Time for Completion	Assessment			
			Needs more practice, study	Date	Meets competency	Date
<p>Communication Skills</p> <p>The WIC certifier will be able to:</p> <p>Explain the importance of each of the following factors in a client interview:</p> <ul style="list-style-type: none"> introduction of self and purpose taking your time using open-ended questions being nonjudgmental using simple language conveying a sincere interest <p>Identify in three given case-study situations 90% of the errors in interviewing techniques.</p> <p>Demonstrate proper techniques during a client interview (actual situation or role-playing) for medical/nutrition risk.</p> <p>Describe five factors or problems in staff-client relationships in his/her clinic and suggest alternatives whenever relevant.</p>	<p>Interviewing handout available from Oregon State Health Division (OSHD)</p> <p>Bernstein, L., Bernstein, E., and Dana, R.H.: Interviewing: A Guide for Health Professionals, New York: Appleton-Century-Craves, 1974. *</p> <p>Benjamin, A.: The Helping Interview, Boston: Houghton Mifflin Co., 1975.</p> <p>Communication handouts (available from OSHD)</p>	<p>within 4 months of employment</p>				

Competency: Referral Procedures
(from Arizona WIC)

<u>Competen- cy No.</u>	<u>Competency: Per- formance Objective</u>	<u>Date(s) Evaluated</u>	<u>Date Passed</u>	<u>Method of Evaluation</u>
RA-1	Understands what comprehensive health care is I.1 Can define I.2 Understands the need for good communication among health members			
RA-II	Knows of other agencies in the community that could help clients II.1 Knows of referral resource list II.2 Knows purpose and functions of agencies on the list II.3 Updates list regularly			
RA-III	Assesses a client's need for referral III.1 Fills out socioeconomic forms III.2 Assesses client's housing and sanitation III.3 Recognizes symptoms of psycho-social illness III.4 Determines client's existing knowledge of referral agencies III.5 Determines if a home visit is necessary			
RA-IV	Selects the appropriate referral agency			
RA-V	Uses appropriate procedures to refer client V.1 Follows proper protocols V.2 Records referral on tickler V.3 Follows up referrals V.4 Explains referral to client			
RA-VI	Actively participates on health team VI.1 Shares information VI.2 Receives information			
RB-I	Understands how nutrition relates to comprehensive health care I.1 Identifies agencies that might make nutrition referrals I.2 Describes the role of nutrition in comprehensive health care			
RB-II	Implements correct procedures after receiving a referral II.1 Knows the three important steps to take II.2 Properly documents II.3 Fills out referral portion of comprehensive nutrition care plan II.4 Acknowledges referral			
RB-III	Identifies those people eligible for nutrition service from among those referred			





OBSTACLES: What Are Other Local Programs Doing to Overcome Their Obstacles?

- 84 Managing Children while Counseling Adults
- 84 Motivating Clients to Participate
 - 84 Adults
 - 86 Children
- 86 Managing Excess Caseloads
- 86 Conclusion

Creative responses to the obstacles that can inhibit nutrition education call for originality, imagination, and a spirit of adventure. Those responsible for the nutrition education component in your program best understand the local constraints and resources available. Consequently, the examples that are highlighted here are not meant to be definitive, but merely suggestive.

Managing Children while Counseling Adults

Janet Liesse—
(Connecticut)

By combining education sessions for adults and children, the WIC Program has turned an obstacle into an advantage. The sessions are held in a kitchen area, part of which is the “children’s corner,” a simulated kitchen that is a play area for children with play stoves and food models.

The children play in their “corner” while the staff counsels the adult(s). Periodically, the staff will encourage and teach the children. For instance, staff may discuss with the children what they have eaten recently or how tasty meals that are good for them can be made using the food models and puppets. To ensure that the education triangle is complete, the staff will review with the adult(s) what they discussed with the children.

This approach not only facilitates management of the children, but extends staff resources and motivates both adult and child to participate in the education session.

Motivating Clients to Participate

Adults

Mary Pat Bowman—
(Virginia)

At voluntary discussion sessions, mothers talk, listen, and trade ideas about how to get their children to eat nutritious foods. The very open, nonthreatening environment that is created encourages the mothers both to attend and to participate in these sessions. The nutritionist keeps a low profile, moderates the discussion, and provides further detailed information concerning nutrition. Although voluntary, one-third of all adult WIC clients participate in these weekly sessions.

Denise Duvall—
(Florida)

The motivation techniques differ in each clinic according to the available resources and needs of the specific group. For instance, the newly arrived Haitian-Americans have health and nutrition problems related to poor sanitation practices.

- Evonne Williams— (New York) Weekly WIC breakfasts are held at various county facilities. Nutritionists, dietitians, and nurses have the opportunity to share this meal with the people while discussing nutrition issues and problems in this informal setting.
- Dayle Hayes— (Massachusetts) This approach focuses on being informal and flexible while involving the client. Once the client is involved, participation will continue through self-motivation. For instance, when the staff discovered that many clients were interested in losing weight, they coupled nutrition education lessons with exercises classes for these clients.
- Experience shows that clients can also be motivated by integrating nutrition education into other health care services. This program arranges group discussions where WIC mothers and nutritionists meet with social service and psychology staff professionals. They discuss the nutrition education topics in a lively, in-depth manner because of the many perspectives offered in these meetings.
- Sandra Copple— (Missouri) A WIC recipe contest follows each informal discussion session. Judged for originality and clarity of instruction, recipes receive prizes in each of four food categories. A prize also is given to the nutrition technician who recruits the most contestants as an added incentive. A WIC cookbook is planned for all the award-winning recipes.
- Marcelle Guth— (Connecticut) This program avoids formal meetings in preference for informal gatherings. A wide range of opportunities is exploited. The WIC nutritionists meet with their clients to discuss nutrition and food requirements in settings that range from Tupperware parties in private homes to church-sponsored activities. The participants are notified by a newsletter attached to their vouchers.
- Pam McCandless— (Louisiana) To complement the food demonstration and recipe contest, this program is developing educational material that is mostly pictorial with only minimal text. This type of presentation is expected to motivate the clients, especially those in need of instruction on infant feeding practices.

Children

- Nancy Grassi—
(New Jersey) Children are motivated by being in skits written and directed by the WIC staff. The staff have roles to play too, and usually dress up and portray foods from the food groups.
- Janet Leisse—
(Connecticut) The simulated kitchen called the children's corner attracts the children. See earlier reference on page 84.
- Pam McCandless—
(Louisiana) Games have been the most successful. Stuffed foods called "Vegimals" are used to demonstrate nutritious foods and food practices. The staff also uses cartoons and short films on nutrition to stimulate the children's interest.

Managing Excess Caseloads

- Barbara Johnson—
(Connecticut) Staff management is a key. The two nutritionists develop flip charts, recipes, and various educational materials. The ten paraprofessionals use these in various hospitals and clinics. This allows clients to participate in nutrition education at the same site that they receive their health care.
- Denise Duvall—
(Florida) Local community people who speak Spanish and Creole are trained as direct service aides. These aides then translate nutrition education materials and assist the nutritionists in counseling clients. Not only do the aides expand the staff to reach people that may otherwise be overlooked, but clients report that they feel more at ease dealing with people who have similar cultural backgrounds.

Conclusion

This chapter presents some solutions to obstacles you may face in building an effective nutrition education program. Making the best use of resources, involving children in educational activities, and motivating clients to participate in educational sessions are some of these solutions. The examples presented in this chapter are only a few of the many creative approaches WIC programs have taken to surmount obstacles. Identifying and sharing other examples of ways to overcome nutrition education obstacles can further enhance your program's impact.

9

RESOURCES: Where Can I Obtain Current Nutrition Education Materials?

- 88 Sources within the Government
- 89 Sources within the Private Sector

This chapter lets you know where you might find current nutrition education materials in your area of interest. Too often, nutrition educators spend unnecessary effort “reinventing the wheel” because they are unaware that they are duplicating already existing research, materials, lesson plans, training programs, and such. So always check first to see whether something that could fit your needs already exists. While checking, you can save time by inquiring at the most appropriate clearinghouse or resource center first. The following list of government and private sector organizations that were mentioned in Chapter 3 are most likely to have the types of materials you need.

Sources within the Government

State Clearinghouses for the WIC Program

Many State agencies in cooperation with local agencies have set up clearinghouses to identify, screen, and recommend nutrition education materials.

- The State of **California** has developed a nutrition education resource handbook for local WIC nutritionists. The handbook lists printed and audiovisual materials that have been reviewed and recommended by State and local agency staff using established guidelines for evaluating materials.

Contact: Nutrition Consultant
WIC Supplemental Food Section
Department of Health Services
Health and Welfare Agency
714/744 P Street
Sacramento, California 95814

- In **North Carolina**, State and local public health nutritionists have cooperated with extension home economists to develop a resource notebook for professionals involved in the delivery of nutrition education. The notebook contains background information on maternal, infant, and child health; a listing of nutrition education materials for these stages of the life cycle; and suggestions for lesson plans, radio spots, and news releases.

Contact: WIC Nutrition Education Consultant
Nutrition and Dietary Services Branch
Division of Health Services
Department of Human Resources
P.O. Box 2091
Raleigh, North Carolina 27602

Nutrition Education Materials for Use in the WIC Program (FNS-166, February, 1978—currently being revised) is a list of resource materials that has been compiled by the Food and Nutrition Service of the U.S. Department of Agriculture. The contents of the materials were reviewed for accuracy and appropriateness for WIC participants.

Contact: Public Information
Food and Nutrition Service, USDA
Washington, D.C. 20250

Nutrition Education and Training (NET) Program

Some States are using NET funds to initiate nutrition education activities with preschool-age children and pregnant teenagers. In these States, nutrition education materials might be acquired by contacting State NET coordinators through the State Department of Education. Other materials may be acquired by contacting the local day care centers and schools receiving NET funds. Also, some NET regional offices are establishing nutrition education resource centers.

Food and Nutrition Information Center (FNIC)

The National Agricultural Library
U.S. Department of Agriculture
Room 304
10301 Baltimore Boulevard
Beltsville, Maryland 20705

FNIC is part of the National Agricultural Library. The center is a depository for information on the topics of food, nutrition, nutrition education, food service, and human nutrition research. It also lends educational materials free of charge to State WIC agencies. To help you identify nutrition education materials, you can order both a listing of the audiovisuals housed in FNIC and the catalogue supplements that update these and other FNIC resources from:

Oryx Press
2214 North Central at Encanto
Phoenix, Arizona 85004

1. **Audiovisual Resources in Food and Nutrition** 1979 \$12.50
2. **Food and Nutrition Bibliography** 9th and 10th ed. 1980 \$12.50 each.

Sources within the Private Sector

Society for Nutrition Education (SNE)

Resource Center
Society For Nutrition Education
2140 Shattuck Avenue, Suite 1110
Berkeley, California 94704

This resource center is a service of the Society for Nutrition Education. The center publishes: a) annotated bibliographies of resources for teaching special topics or reaching special audiences; b) monographs on occasional topics; and c) nutrition information resource pamphlets for professionals and consumers.

Examples:

a. Annotated bibliographies

—For professionals

Pregnancy and Nutrition. A listing of teaching aids and background references for those who teach or counsel about pregnancy and nutrition. Revised in 1978, 15 pp, \$3.00.

b. Monographs

—For professionals

Preschool Nutrition Education Monographs. A selection of articles and abstracts of nutrition education resources for those interested in the nutrition education of preschool children, 1978 44 pp., \$4.50.

c. Nutrition Information Resource Pamphlets

Nutrition Information Resources For Professionals. Revised in 1979, 15 pp., \$1.00.

Nutrition Information Resources for the Whole Family. Revised in 1980. The cost and number of pages is still undetermined.

SNE also publishes the **Journal of Nutrition Education**. It features a resource review section in each issue. Books, audiovisuals, and pamphlets are critiqued. Price and ordering information is also provided. Subscription rate for 1 year of four issues \$15.00.

The Nutrition Foundation

The Nutrition Foundation
Office of Education and Public Affairs
588 Seventeenth Street, N.W.
Washington, D.C. 20006

The Nutrition Foundation publishes a comprehensive listing of nutrition education materials. The **Index of Nutrition Education Materials** lists printed and audiovisual materials and education resources, and identifies government, professional, and consumer groups that produce these materials.

The Foundation does not evaluate the content of these materials. Price and ordering information is included. The 1977 index is currently being revised. The cost of the 1977 index is \$8.75.

